



Life
Enrichment
Options

DRIVER REGISTRATION FORM

(Please Print)

PARENT/GUARDIAN INFORMATION

First name:	Last:	Date:
Email Address:	Cell Phone:	Home phone:
Address:	City:	State: ZIP Code:

SON/DAUGHTER DRIVER INFORMATION

Name:	Age:	Height:	Gender:	Weight:
Have you ever been a driver in a LEO Challenge Race before? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when?				

RACE INFORMATION

What race will you be participating in (City):	Date(s) of race:
What session would you prefer (Circle One): First Second	

PARTICIPANT RELEASE OF LIABILITY – I understand that the above registered participant is taking part in an activity that may be hazardous for the participant. In signing below, I assume risk of harm or injury which may occur to the participant as a result of participating in the Challenge Series Race. I hereby release Life Enrichment Options, _____ (name of Rotary Club), _____ (City) and its officers, volunteers, employees or agents from liability, costs and damages resulting from this individual's participation. The participant has my consent to participate in the Challenge Series Race and related activities

Signature of Parent/Guardian

Date

I also give my consent to have photos/videos taken, without recompense, during the races and activities and used for publicity purpose in printed or web format. _____yes _____no

Signature of Parent/Guardian

Date