



EVENT DAY REGISTRATION FORM

(ALL SECTIONS REQUIRED)

I want to join Team (team name): _____

Name (First): _____ (Last) _____

Email: _____ Phone: (____) _____

Address 1 (no P.O. Boxes): _____

Address 2: _____

City: _____ State: _____ Zip: _____

Mail completed form and payment to:
 Sportsgrants, Inc.
 2149 W. Cascade Ave.
 Suite 106A-49
 Hood River, OR 97031

MAKE A DONATION :

Check: Make payable to Sportsgrants Credit Card: circle: VISA / MC / Amex / Discover

Donation Amount: _____

16-digit Card Number Exp. Date 3- or 4-digit security code

The American Express security code is a 4-digit number printed on the front of your card. The VISA, MC and D ISC security code is a 3-digit number printed on the back of your card.

I WANT AN OFFICIAL EVENT T-SHIRT

Gender: Women's Men's T-shirt Size (check one) : XS S M L XL XXL

Participants must raise a minimum of \$150 to be eligible to receive a T-shirt.

WAIVER (REQUIRED): Please read carefully and sign below.

GENERAL:

By registering with Fight Gone Bad V (Sportsgrants, Inc.) I agree that I have read, understand and will adhere to all program guidelines. I understand that all funds collected by me through the Fight Gone Bad V program to benefit the participating charities, whether through the website or through off-line donation, must be donated to the participating charities.

I release, waive, forever discharge and promise not to sue Sportsgrants, Inc. and its officers, directors, agents, employees and all others acting on their behalf, from all claims, demands, suits, actions and cause of action relating to any loss which I or my beneficiaries may sustain in any way connected with the use of the Fight Gone Bad V website, including but not limited to, the transfer of funds using the website.

I understand that the athletic event in which I propose to participate is strenuous and that injury or death could result from participation. I have assumed the risk of participating in the event. I understand that Sportsgrants, Inc. has not organized and does not control the conduct of the event and is not responsible for my safety during the event. I release, waive, forever discharge and promise not to sue Sportsgrants, Inc. and its officers, directors, agents, employees and all others acting on their behalf, from all claims, demands, suits, actions and cause of action relating to any loss, personal injury or even death which I may experience as a result of participating in the athletic event for which I have registered.

Print your name: _____

Signature: _____ Date: _____

QUESTIONS? CALL: 541.386.5154 | EMAIL: INFO@SPORTSGRANTS.ORG | ONLINE: FGB5.ORG