



REGISTRATION FORM

Name of Team Member #1: _____

Address: _____

Tel: _____

Name of Team Member #2: _____

Address: _____

Tel: _____

Registration Payment: **\$100 per person**

Form of Payment (circle one): **Cash Cheque**

Registration Form and Payment must be submitted in person along with fully executed Liability Waiver to:

Nadia Vergalito:
22 Facer Street
St. Catharines, ONT
(905) 938-5525
nadia@espressopassion.ca

Disclosure: We _____ and _____ understand that the Race For Passion is a physically challenging race which will take place over 2 days. We will not hold responsible in any way Espresso Passion and or any of the organizers, sponsors, companies, or participants for any injures, damages or possible malice that could be suffered by me during the course of the race or as a result of the race. We are participating voluntarily and of our own free will. We acknowledge and agree that the Registration Fee is non-refundable and that we are required to raise \$500 in Sponsorship Fees prior to the race date. If we fail to raise the required \$500 Sponsorship Fee, we understand and agree that we must pay any unraised portion thereof.

Signature _____

Signature _____

Print _____

Print _____