



October 24, 2019 • 5:30 pm • Child Development Center

Team Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Names of Participants

\$70 FOR A COUPLE, \$120 FOR A TEAM OF 4

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Liability Release:

In consideration for the CDC allowing us to participate in the Activity, we agree we will not sue the CDC and we release the CDC from any and all liabilities, claims, demands, actions, causes of actions, costs and expenses of any nature whatsoever arising out of any loss, damage, or injury that may be sustained by the team or to any property belonging to us arising from the Activity.

\_\_\_\_\_  
(signed on behalf of the team)

**Total** \_\_\_\_\_ (**\$70 Couple**) \_\_\_\_\_ (**\$120 Team**)

### PAYMENT

- Check enclosed for \$ \_\_\_\_\_  
 Please invoice me for \$ \_\_\_\_\_  
 Please charge my: \_\_\_VisA \_\_\_M/C \_\_\_AmEx \_\_\_Discover  
in the amount of \$ \_\_\_\_\_

**Card#:** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_ **CCV:** \_\_\_\_\_

**Signature** \_\_\_\_\_

By signing above I agree to have CDC charge my credit card for the total listed above. CDC respects your privacy and properly safeguards your information.

## PLEASE RETURN THIS FORM BY MAIL OR EMAIL TO:

Child Development Center | 2020 E. 12<sup>th</sup> Street | Casper, WY 82601 | jriddle@cdccasper.org