

IMPORTANT: YOU MUST COMPLETE THIS FORM OR REGISTER ONLINE BY JULY 31 TO JOIN A TEAM!

Team Member Registration

TEAM #: _____ Today's Date: _____ Captain's Name: _____

PARTICIPANT INFO (please print)

Name: _____

Mailing Addr: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ Cell Phone: _____

Check here if address or email has changed since last time you participated

I am under 18. Date of birth: _____

**NOTE: T-Shirts will be available
for purchase at the event.**

IF YOU WOULD LIKE TO MAKE A DONATION,
PLEASE ENCLOSE IT WITH THIS FORM.

TOTAL ENCLOSED: _____

(please make checks payable to Amador STARS)

To pay by credit card, please stop by the STARS office
or register online at www.amadorstars.org

FOR CAPTAIN USE ONLY

Team Sponsor: _____

Team Name: _____

RELEASE OF LIABILITY WAIVER

The participant, in exchange for being a volunteer with the Amador STARS Band Against Cancer, hereby, on behalf of myself, heirs, executors and administrators, release, waive, discharge and covenant not to sue the Amador STARS, or any of its affiliates, employees, agents, sponsors, or volunteers from all liability to the participant for any loss or damage and any claim or demand therefore, on account of injury or death to participant or his/her property, whether caused by the negligence of Amador STARS or otherwise. Participant hereby fully assumes the risk of bodily injury or death to himself/herself suffered either during the event or while traveling to and from the event. Participant expressly agrees that the foregoing release and waiver is intended to be as broad and inclusive as is permitted by the law of State of California, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Participant has read and voluntarily signs the Release and Waiver of Liability, and agrees that no oral representations, statement or inducement apart from the foregoing have been made, and that this Agreement may only be modified by written document signed by the undersigned and duly authorized representative of Amador STARS. Participant is aware that Amador STARS does not provide medical or any other type of insurance to the participants in Amador County Band Against Cancer.

Participant Signature: _____ Date: _____

If participant is a minor (under age 18), then parent/guardian must sign below.

Parent/Guardian's Name (print): _____

Parent/Guardian's Signature: _____ Date: _____

RETURN FORM TO: Amador STARS
P.O. Box 208, Jackson, CA 95642
or drop off at STARS M-F 8-2:30
60D Ridge Rd. in Sutter Creek
(next to Umpqua bank)
Email to: info@amadorstars.org
(registration not confirmed until form is received)