JAMES FAUCETT III

SICKLE CELL AWARENESS 3K RUN/WALK TEAM FORM

Gender	First Name	Last Name	Street	City	State	Zip	Telephone	Email	On Behalf	Shirt Size

TOTAL:

OTHER COMMENTS:

TEAM CAPTAIN:

VOLUNTEERS:

In consideration of this entry being accepted, I, intending to be legally bound, hereby for myself, my heirs, executors, administrators, waive and release any and all rights I may have against the organization holding this event, its agents, representatives, successors and assigns for any and all injuries suffered by me at said race.

TOVA COMMUNITY HEALTH

FORMS DUE - 9/1/2023
EFAX: (888) 433-4219