

# +participant registration

Detroit Edison Public School Academy  
 1903 Wilkins • Detroit, MI 48207  
 Contact: Gail Jones  
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## DEPSA Hip-2B-Fit

May 20, 2017

### “FIT FOR LIFE”

Participant Registration forms are due by April 28, 2017. Please return this form to the main office at DEPSA or mail this form to Gail Jones at 1903 Wilkins St., Detroit, MI 48207 to guarantee your participation.

#### CONTACT PERSON

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Please list all participants below: (please complete an additional form for additional family members).

Please circle your choices below.

NAME	GENDER	SHIRT SIZE	
		Youth	Adult
	M F	S M L	S M L XL 2X 3X 4X
	M F	S M L	S M L XL 2X 3X 4X
	M F	S M L	S M L XL 2X 3X 4X
	M F	S M L	S M L XL 2X 3X 4X
	M F	S M L	S M L XL 2X 3X 4X
	M F	S M L	S M L XL 2X 3X 4X
	M F	S M L	S M L XL 2X 3X 4X
	M F	S M L	S M L XL 2X 3X 4X
	M F	S M L	S M L XL 2X 3X 4X
	M F	S M L	S M L XL 2X 3X 4X

**\*Liability Waiver must be signed to participate in the DEPSA Health & College Bound Fair. \***  
 I recognize that running or walking in the race is a potentially hazardous activity. I should not enter the run/walk unless I am medically able. I agree to abide by any rules of any officials relative to my ability to safely complete the run/walk. I assume all risks associated with running/walking in this event including, but not limited to: falls, contact with other participants, the effects of the weather, including snow, and/or ice, high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, I, for myself and anyone entitled to act on my behalf, waive and release the organizers of the Health Fair, its directors, staff, and volunteers, the city of Detroit, MI and its employees, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. Further, I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this event for any legitimate purpose. For runners/walkers safety I understand that bicycles, scooters, and rollerblades are prohibited.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Presented By: HFHS DEPSA Health Center & Detroit Edison Public School Academy



*[Handwritten signature]*