

# REGISTRATION

## PITTSBURGH'S AMAZING BOWLING RACE

Complete all information below and include \$50.00 Check

team captain *please print*

name \_\_\_\_\_

address \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

phone \_\_\_\_\_

e-mail \_\_\_\_\_

teammate *please print*

name \_\_\_\_\_

address \_\_\_\_\_

city \_\_\_\_\_ state \_\_\_\_\_ zip \_\_\_\_\_

phone \_\_\_\_\_

e-mail \_\_\_\_\_

mail payments to : PABR c/o TREAT  
po box 100261  
pittsburgh pa 15233  
*(Checks payable to TREAT)*

***Please read and sign this Waiver:***

*Knowingly and at my own risk, I hereby apply to enter the Pittsburgh's Amazing Bowling Race (PABR), and do hereby waive and release any and all claims for damages that I may incur, as a result of my participation in this event, against the Pittsburgh's Amazing Bowling Race (PABR), TREAT Pittsburgh, IGBO, Women's Center and Shelter of Greater Pittsburgh, and all sponsors, host location, volunteers, and race director for said injuries. I further hereby certify that I have full knowledge of the risks involved in this event and I am physically fit and sufficiently trained to participate. I agree to abide by any decision of race officials relative to my ability to safely complete the race. The decision of the race director will be considered final regarding all discrepancies.*

\_\_\_\_\_  
*team captain – Parent or Guardian (if under 18)*

\_\_\_\_\_  
*teammate – Parent or Guardian (if under 18)*