# REGISTRATION FORM

**This form is to register for The Arc of Cass County's GoFar Charity Team.**
**You must also register separately for the Fargo Marathon.**

**(Please Print)**

**Today's date:**

## PARTICIPANT INFORMATION

| | | | |
|---|---|---|---|
| **Last Name:** | **First Name:** | | |
| **Street address:** | **Sex:** ❑ **M** ❑ **F** | **Phone:** | |
| **City:** | | **State:** | **Zip Code:** |
| **Email Address:** | | | |

**T-shirt Size:**

***Adult Sizes***

| | | | | | |
|---|---|---|---|---|---|
| ❑ **Small** | ❑ **Medium** | ❑ **Large** | ❑ **XL** | ❑ **2XL** | ❑ **3XL** |

## PAYMENT INFORMATION

| | |
|---|---|
| **Fees:**<br>**$25.00 registration fee per person. (Waived if you obtain a $25.00 sponsorship!)** | **Credit Card:**<br>***Circle One:***<br>**Visa** **MasterCard** **Discover** |
| | ***Card #***_____ |
| ❑ **Cash** ❑ **Check**<br>**$**_____ | **Exp:**_____ **3 digit # on back** _____ |
| | **Name (as it appears on card)** _____ |

## IN CASE OF EMERGENCY

| **Emergency Contact Name:** | **Relationship:** | **Phone:** | **Alt. Phone:** |
|---|---|---|---|
| | | (  ) | (  ) |

Waiver: In consideration of the acceptance of this entry, I hereby, for myself, my heirs, executors and administrations, wave any and all rights, claims, and damages I have against The Arc of Cass County, the sponsors, coordination groups, City of Fargo, Fargo Marathon, Inc., and any individuals associated with the said event. Also, none of the above is responsible for neither the loss of personal items nor aggravation with said event. I also give permission for free use of my name and picture in any broadcast, telecast, or print media account of the event. In filling out this form, I acknowledge I have read and fully understand my own liability and do accept the restrictions. I also understand that all registration fees are non-refundable and non-transferable and the changing of races is prohibited. If you are under 18 years of age you MUST have the signature of your legal guardian to participate in this event.

Participant/Guardian signature _____ Date _____

**Mail registration form to:**
**The Arc of Cass County**
**215 N. University Drive**
**Fargo, ND 58102**