

# Haiti Medical Missions of Memphis

11th Annual



24-Hour Tour d'Esprit



October 2-3, 2009



**Saint Francis  
Hospital - Memphis**

*It's Your Life. Live It Well!*

Silent & Live Auctions - Health Fair - Awards Party  
Pasta Dinner - Gourmet Breakfast

To ensure proper registration, please complete, sign and return this form with your entry fee. One entry per form, please.

This form may be reproduced

Mail your completed application with your entry fee to:

Haiti Medical Missions of Memphis  
1779 Kirby Parkway #1, PMB 319  
Memphis, TN 38138

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age on Race Day \_\_\_\_\_ Gender \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

If on a team: Team Name \_\_\_\_\_

Team Leader \_\_\_\_\_

### Entry Fees (Please Check One)

\$20 Pre-registration (Before Monday, Sept 28)

\$25 Late and Race Day Registration

I can't participate, but would like to make a tax-deductible donation.

to Haiti Medical Missions of Memphis, a 501(c)3 organization

T-Shirt Size  Small  Medium  Large  X-Large  XX-Large

Race Release/Waiver: In consideration of the acceptance of my entry, I, the undersigned participant, my executors, administrators, successors, representatives, heirs, next of kin, and assigns do hereby waive, fully release, acquit and fully discharge from any and all claims or liabilities of death, injuries, illnesses, losses, property damage, theft in any way connected with my entry, traveling to and from, or participation in the 24-Hour Tour d'Esprit event the following persons or entities: event sponsors, race directors, event producers, Haiti Medical Missions of Memphis, its officers and representatives, Holy Spirit Catholic Church, its officers, employers, representatives, the Catholic Diocese of West Tennessee and its officers, employees and representatives, as well as all volunteers, all states, cities, counties, the Memphis Park Commission, and agents of the above. I agree not to sue any of the persons or entities mentioned above for any claims made or liabilities including but not limited to negligence assessed against them as a result of my ability to safely participate in this event. I authorize event officials to have me transported to a medical facility if, in their discretion I appear ill or injured, and I take full responsibility for this action. I authorize all above named parties to use any photo, video, or other record of this event and any information contained in my application, for any purpose whatsoever, without any consideration due to me. I have read and fully understand this entire application.

Signature of Entrant

Print Name

Date

Signature of Parent / Guardian (if participant is under 18 years of age)