20th Annual St. Jude Benefit Meet

RELEASE FORM

In consideration on your acceptance of my entry, I, intending to be legally bound do hereby, for myself, my heirs,executors and administrators, waive, release and discharge any and all rights and claims for damages, which I may thereafter accrue to me against the U.S.T.A., A.A.U., Peoria Civic Center, St. Jude Organizing committee, Central Illinois Tumbling & Trampoline or their respective officers, representatives, agents, successors and/or assigns for any damages which may be sustained by me in connection with association with or entry in the above competition, or which may arise out of my traveling to or from said competition at The Peoria Civic Center on January 15th , 2011

All Entries must be TYPED ONLY or have a Typed Team list accompanying this list for name verification

NAME	*AGE	SEX	2010-USTA#	AAU#	TUMB	D-M	TR	PARENT SIGNATURE

*** AAU & USTA NUMBERS *MUST* BE INCLUDED !!! REMINDER!!! Date of Birth as of 12/31/10 ***

CLUB:_____ **CLUB CODE:** __ __ __ __ **COACHES:**_____

PHONE:_____**FAX #**_____ **CITY & STATE:**_____

E-MAIL ADDRESS_____

Fax to: C.I.T.T. at 309-353-4592 Call Patti Melvin at 309-263-1428 for any questions

You *MUST* include fax number with a name to fax attention to/or e-mail address or you will not receive a revised schedule !