

# Registration

## New York City Bus Trip

November 19, 2011

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell/Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_



**Check Enclosed for \$99 made payable to  
Second Chance at Life, Pennsylvania Chapter**

Please mail payment to:

Mary Kay Paul	or	Eileen Pistelli
416 Hays Road		410 Hi-Tor Drive
Venetia, PA 15367		Pittsburgh, PA 15236

Email questions to [mkpaul2000@yahoo.com](mailto:mkpaul2000@yahoo.com)



### WAIVER FOR EVENT PARTICIPATION

All participants (individuals and each member of a group) must submit a completed waiver. Those without a completed waiver will not be permitted to participate in the event.

If you do not fully accept the following and do not sign this waiver, you will not be allowed to participate.

I, the undersigned, know that traveling can carry risk of personal injury. I agree that I alone am responsible for my safety while I participate in this event, and not the organizers, the officials, Second Chance at Life, Inc., land owners/managers, the municipality/county/state of the event location, or any sponsors.

I understand that Second Chance at Life, Inc. has my permission to use my name and photographs to promote the organization.

Parent or Guardian **MUST** sign if participant is under 18 years of age. All participants, including all group members, must have a valid waiver.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature