



MIKUNI Scoop Scoot

Friday, July 21st at 7 PM

www.ScoopScoop.org

Please bring completed form to a packet pick-up location or the day of the event.

First & Last Name(s) _____

Phone _____ Email _____

Which flavor ice cream?

___ Vanilla - \$10

___ No ice cream - \$10

___ Chocolate (SOLD OUT)

___ Strawberry (SOLD OUT)

\$_____ Donation \$_____ Total ___ Cash ___ Credit Card

Waiver and Signature: In consideration of your accepting my entry, I, intending to be legally bound, do hereby for myself and my heirs, executors, administrators waive and release any and all rights and claims for damages I may accrue against the persons and organizations affiliated with the event including but not limited to Donut Dash Inc., Vic's Ice Cream, all sponsors, volunteers, staff, subcontractors, agents, attorneys, and representatives for any and all injuries that I may suffer while participating in the event or en route to and from the event. I consent to the use of my image in photos, videos and audio recording and film, of my participation in the event. I attest that I am physically fit and sufficiently trained for this competition, my physical condition verified by a licensed M.D. during the last 6 months. As part of the waiver, I acknowledge that I have read and understand all of the above.

SIGNATURE _____ DATE _____

Tax ID 27-1671648



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