



**ACTIVE AGING FOUNDATION'S
3RD ANNUAL BIG CASH
TREASURE HUNT
SATURDAY, SEPTEMBER 17, 2016**

OFFICIAL REGISTRATION FORM

For Individual Team Treasure Hunters

Registration & Check-In 8:00 am - 8:45 am ≈ Hunt Begins by 9:20 am ≈ Lunch & Treasure Chest Raffle @ 1:00 pm

THE TREASURE:

1st Place in Treasure Points.....\$1,000.00
 2nd Place in Treasure Points.....\$400.00
 3rd Place in Treasure Points.....\$200.00
 4th Place in Treasure Points.....\$100.00
**\$1,700 IN TOTAL TREASURE
 TO BE WON!**

ALL TEAMS

Must have a Minimum of 2 Members.
 All Teams **MUST** provide their own
 transportation during the
 Big Cash Treasure Hunt.

First: _____ Last: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Date Of Birth: _____
 Team Name: _____
 Team Captain's Name: _____ Total # of Hunters: _____

Team Registration Fee Is
 \$25.00 Per Team Member
 All team members must be pre-
 registered by 5pm on 9-15-16
 Payable by:
 _____ Cash or _____ Check*
 *Please Make Checks Payable to:
 Active Aging Foundation

Treasure Hunters Under the Age of 18 Must Have Parents Signature

Release, Waiver & Indemnity

IN CONSIDERATION of the acceptance of my application and the permission to participate as an entrant in the Active Aging Foundation Big Cash Treasure Hunt on Saturday, September 17, 2016.

I, for myself, my heirs, executors, administrators, successors and assigns, **HEREBY RELEASE, WAIVE AND FOREVER DISCHARGE**, the Active Aging Foundation and Active Aging, Inc., and all other associations, sanctioning bodies and sponsoring companies, and all their respective agents, officials and servants from claims, demands, damages, costs, expenses, actions and causes of action, whether in law or equity, in respect of death, injury, loss or damage to my person or property **HOWSOEVER CAUSED**, arising or to arise by reason of my participation in the said event, whether as a spectator, participant, competitor or otherwise, whether prior to, during or subsequent to the event, **AND NOTWITHSTANDING** that same may have been contributed to, or occasioned by, the negligence of any of the aforesaid.

I FURTHER HEREBY UNDERTAKE or HOLD AND SAVE HARMLESS and AGREE TO INDEMNIFY all of the aforesaid from and against any and all liability incurred by any or all of them as a result of, or in any way connected with, my participation in the said event.

I also grant the organizers and/or sponsors of this event full permission to use and full release of any photographs of me and quotations from me in legitimate accounts and promotions of this event.

BY SUBMITTING THIS ENTRY, I ACKNOWLEDGE HAVING READ, UNDERSTOOD AND AGREE TO THE ABOVE WAIVER, RELEASE AND INDEMNITY. I WARRANT that I am physically fit to participate in this event.

PRINT NAME <i>(If under 18 yrs. of age, Parent or Guardian to sign below)</i>	SIGNATURE	DATE
PRINT NAME OF PARENT OR GUARDIAN	SIGNATURE	DATE

The personal information on this form is used to process the individual's registration and provide notification of next year's event. Questions about this collection can be directed to the Development Director, Active Aging Foundation, 1034 Park Avenue, Meadville, PA 16335 at telephone number (814) 336-1792.

**For More Information:
 ACTIVE AGING FOUNDATION
 Lew Davies Community Building
 1034 Park Avenue Meadville, PA
 (814) 336-1792 800-321-7705**

