



## Punt Pass Kick Contest

**Please return completed forms to SkyLanes by June 22nd  
or bring to the event on June 24th**

**Participant Name**

**Age**

**Gender**

**Mailing Address**

**Phone Number**

**Email Address**

I understand that neither the Garrettsville Summerfest committee, nor anyone connected or associated with it will assume any responsibility for accidents, medical, dental, or other expenses incurred as a result of accidents or injuries sustained during participation in the activity. I release and hold harmless the Garrettsville Summerfest committee, and its helpers, volunteers, coaches, etc. from any and all liability for injuries sustained by the individual. The coach/supervisor of the activity reserves the right to send any participant to the hospital for diagnosis or treatment if deemed necessary, and the parents or guardian will assume the responsibility.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**This event is presented by:  
The Garrettsville Lions Club**

**Return this entry form to:  
SkyLane Bowling Alley  
8311 Windham Street  
Garrettsville**