

NATS Events – [Music | 5K Run | Service Programs]

Event Name: _____

Participant Full Name: _____

Sex: _____ Age: _____ Date of Birth: _____

In case of emergency, contact
Name: _____ Relationship: _____ Phone: _____

I am participating in this event at my own risk. North America Telugu Society (**NATS**) or its affiliates are not responsible in case an accident or injuries occurs during the participation in this event.

Participant Signature: _____ Date: _____

In case of participant age is 17 years or below,

Parent/Guardian Signature: _____ Date: _____