

The Hayley's Hope & Michaela's Miracle MS Memorial Fund MS Family Fun Day at the New Britain Bees Friday, June 9, 2023

Check-in at the front gate. Gates open at 5:35PM.
Game starts at 6:35.

REGISTRATION INFORMATION (FIRST COME-FIRST SERVED):

NAME: _____ PHONE: _____

E-MAILADDRESS: _____

MAILINGADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

- Number of Total Tickets @ \$5.00 per ticket (max 6 per family) – Max payment \$20.00 _____
- Number of Adults _____
- Number of Children (under 16) _____
- PRINT full name of each attendee (indicate Adult or Child)
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
- Number of wheelchair roll-in spaces needed _____
- For Credit Card Payment: Valid credit card number _____
Expiration Date(month/year) _____ CVV code(back of card) _____
- For Payment by Check: Make check payable to Petit Family Foundation
- Mail registration/waiver form with payment to Petit Family Foundation, PO Box 310, Plainville, CT 06062



Hayley's Hope
& Michaela's Miracle
MS Memorial Fund

Continuing the Work of the Petit Family



PETIT
family
FOUNDATION

WAIVER (Read before signing)

In signing this release, I acknowledge that I have chosen to attend this event; that I understand that neither Hayley's Hope & Michaela's Miracle MS Memorial Fund nor the Petit Family Foundation are responsible for the baseball event, the stadium or the other individuals attending the event; that I assume and undertake responsibility for all risk associated with attending this event for me and any and all family members and/or other minors attending the event with me, and on my and their behalf I understand the intent of this release, and I for myself, all minors attending this event with me, my heirs, executors, administrators and representative do hereby agree and will absolve and hold harmless the HHMM MS Memorial Fund and PFF and any other parties connected with the above named program in any way together with their respective successors and assigns singly and collectively, from and against any blame and liability for injury, harm, loss, inconvenience or any other damages of any kind whatsoever, from or in any way connected to the attendance of this event which may or may not arise out of negligence or carelessness on the part of any person named in this waiver.

I, for myself and for any minors attending this event with me, hereby consent to any and permit emergency treatment in the event of injury or illness while participating in this program.

I, for myself and for any minors attending this event with me, grant permission to all the foregoing to use photographs, video, or audio format, or any other record of this event for legitimate purposes, and acknowledge that the HHMM MS Memorial Fund and the PFF reserve the right to refuse or dismiss anyone who may cause a disturbance or hindrance in any manner that could jeopardize the safety of oneself or others.

I certify I have read this waiver and release and understand its significance.

PRINT ALL FAMILY NAME(S) _____

SIGNATURE _____ DATE _____

**FOR FURTHER INFORMATION PLEASE CONTACT THE FOUNDATION OFFICE
(860) 479-1436 | info@petitfamilyfoundation.org**