



**2019 Racine Family YMCA Corporate Cup
Participant Waiver & Consent Form**

Please complete the form below and return it to your team captain IMMEDIATELY. The completion of this entire form is required in order to participate in the Corporate Cup.

Employee team members must be at least 16 years of age to participate.

Family team members must be at least 18 years of age to participate.

PLEASE TYPE OR PRINT CLEARLY

Name: _____ **Male** ___ **Female** ___ **Birth Date:** _____

Company Name: _____

E-Mail Address: _____

Events Participating In (please check):

Event	Participating In	Event	Participating In
Archery		Horseshoes	
Bago/Cornhole		Kickball	
Basketball 3on3		Mini Golf	
Billiards		Racquet ball	
Bocce Ball		Shooting-pistol	
Bowling		Shooting-long range rifle	
Card Tourny	Cribbage__ Sheepshead__	Shooting-skeet	
Chili Cook Off		Shooting-trap	
Darts		Shuffleboard	
Disk Golf		Softball - Rec	
Dodge ball-Beach		Volleyball - beach	
Golf			

(If more than one team, please indicate Team A, B, C, etc.)

Home Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Business Phone:** _____

Emergency Contact: _____ **Phone:** _____

Current YMCA Member? Yes ___ **No** ___

Waiver:

In consideration of accepting this entry, I hereby waive and release any and all claims for losses and damages I may have against the Corporate Cup Steering Committee, Racine YMCA, the City of Racine, the sponsors of this event, and any, or all other persons, or organizations involved in any way with the Corporate Cup.

Verification of Physical Fitness and Waiver:

I attest and verify that I am physically fit and have sufficiently trained for the completion of this event. Furthermore, I assume the risk of any physical problems that may develop as a result of my participation in this event and waive and release all the parties listed above from the liability thereof.

Consent:

I hereby grant full permission to the Corporate Cup Steering Committee, Racine YMCA and the sponsors of this event to use at their complete discretion, photographs, videotapes, motion pictures, recordings and any other records of this event in which I appear. I understand that I am not required to participate in the YMCA Corporate Cup, but do so voluntarily and that I sign this waiver and consent form voluntarily as well.

Signature: _____ Date: _____

(If employee participant is under 18 years of age, signature of legal guardian is required)

Employment Validation: We must have the signature of either your CEO or your Human Resources Supervisor validating your employment or that of your immediate family member. See eligibility for any questions.

Name of Employee: _____

Signature: _____ Date: _____

(Signature of CEO/Human Resources)