



**2010 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	Event	Participating In
Archery		Darts		Shooting-skeet	
Banner		Dodge ball		Shooting-trap	
Basketball 3on3		Flag Football		Softball - Rec	
Basketball Shoot		Golf		Softball - Comp	
Billiards		Horseshoes		Swimming	
Bocce Ball		Kickball		Tennis	
Bowling		Miniature Golf		Tug of War	
Card Tourny	Crib__ Sheep__	Racquet Ball		Volleyball - beach	
Cheerleading		Scrapbook		Volleyball - Comp	
Chili Cook Off		Shooting-pistol		Volleyball - Rec	
Cycling		Shooting-rifle			

*(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)