



Racine YMCA Corporate Cup Day-of-Event Substitution and Participant Waiver & Consent Form

THIS FORM MUST BE COMPLETED AT LEAST 30 MINUTES BEFORE THE START OF THE EVENT.

PLEASE TYPE OR PRINT CLEARLY.

Name _____ Gender: Male Female Birth date _____

Company Name _____
(If more than one team, indicate A, B, C, etc.)

Events substituting in and participant substituting for:

Event _____	Original Participant _____
Event _____	Original Participant _____
Event _____	Original Participant _____

Home Address _____	City _____	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 any 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 the event in which I appear. I understand that I am not required to be in the YMCA Corporate Cup, but do so voluntarily and that I sign this waiver and consent form voluntarily, as well.

Signature _____ Date _____
(If participant is under 18 years of age, signature of legal guardian is required in addition to participant signature)

EMPLOYMENT VALIDATION:

We must have the signature of either your CEO, Human Services Supervisor, or Team Captain (if on the day of the event), verifying your employment or eligibility as an adult immediate family member of an employee.

Signature _____ Date _____