2017 Youngstown Area Community Cup Participant Waiver

Return to YMCA no later than July 31, 2017

Team Captains

Please make as many copies of this waiver as necessary. There must be one waiver per team member. Volunteers must also complete and sign a waiver.

Participants

Please complete and sign the form below and return it to your team captain immediately. The completion of this entire form is necessary in order to participate in any Community Cup program as well as to use the YMCA facilities throughout the summer. Illegible, incomplete, or unsigned forms will not be accepted.

Note: This information and waiver m	nust be completed by	all Community Cup partic	ipants.
NameLast	,	First	M / F (circle)
Address			
City	_ State	_ Zip	-
Phone Birth Date _	// Age	(as of 8/11/17)	
E-mail address			
Company Name Da	ate of Hire(no	o later than 7/11/17)	
Team on which Participating (if differe	nt from "Company N	ame")	
Do you receive a paycheck directly from If "No", briefly describe your af		Yes / No (circle)	
Have you participated in the Cup before	re? Yes / No (circ	le)	
The Community Cup Rules Committee r Please read the following waiver caref		review any entry related t	o eligibility.
In consideration of accepting this entripound for myself, my executors, and a claims for personal injuries, losses, and which I may have against the Youngsto sponsors, the Mill Creek Metropolitan Commissioners, and Park District emplitrained sufficiently for completion of the verified by a licensed medical doctor. to any and all foregoing to use photogrecords of this event.	dministrators, waive d damages from partown YMCA, their mer Park District, its Boa oyees. I attest that his event. My physic Furthermore, I hereb	and release any and all ticipation in this event mbers, volunteers, and ard of Park I am physically fit and cal condition has been by grant full permission	Youngstown Area Community Cup
Signature		Date	