

## **Liability Waiver**

Name:	
Date of Birth (mm/dd/yyyy): Phone #:_	
Email: Company Nam	ne:
<b>Event Schedule: May 30-June 1</b> List of Events: Golf, Cornhole, Tug of War, BMX, Team R Races, CrossFit Warrior WOD, Kids Inflatables, Wood Pla	
By submitting this form, I hereby acknowledge and under is a potentially hazardous activity. I understand and ack Challenge unless I am medically able and properly trained associated with participation in the Fitness Challenge in contact with other participants, direct physical condition Challenge, effects of the weather, medical conditions, of facilities, all potential risks being known to and acknowled animals, headphones, personal equipment of any type at them on any of the courses or facilities associated with and in consideration of acceptance of my entry, I hereby or anyone else who could make a claim on my behalf, he discharge The HOPE Fit Business Challenge, Pryor Creek and Pryor Public School Systems, and any and all affiliat volunteers, judges, employees, from any and all claims of damage of any kind or nature arising out of, or in the control to the control of the con	nowledge that I <b>should not</b> enter into the Fitness ed. I assume all of the risks that could be cluding, but not, limited to falling, direct physical n with implements used to facilitate the Fitness conditions of the Fitness Challenge course and ledged by me. I agree and understand that are strictly prohibited and I agree not to have the Fitness Challenge. Acknowledging the above, y for myself, my heirs, executors, administrators ereby agree not to sue, I further waive and a Rec Center, the Mayes County HOPE Coalition ies, any and all Fitness Challenge sponsors, or liability for death, personal injury or property ourse of my participation in the Fitness Challenge whatsoever, foreseen or unforeseen, known or
Participants Signature	 Date
Signature of Parent/Legal Guardian (if under 18)	 Date