



## Waiver & Indemnity / Eligibility Verification Form

Every participant must personally read, understand, and execute a waiver form. This paper form must be used if a company coordinator places a participant on a roster.

### READ BEFORE SIGNING

PLEASE TYPE OR PRINT CLEARLY

Participant's Name \_\_\_\_\_

Company \_\_\_\_\_ Phone # \_\_\_\_\_

**LIABILITY WAIVER AND RELEASE/ASSUMPTION OF RISK.** I fully comprehend the risk of personal injury and property damage that may arise from my participation in any Music City Corporate Challenge game and/or event (Corporate Challenge), and hereby agree to assume such risk. I further waive any and all claims of any kind that I, or my respective heirs, executors, administrators, or assigns may have or claim to have for personal injury, illness, and property damage, of any kind or character whatsoever, resulting from my participation in any and all Corporate Challenge games, activities, meetings and events, against Special Olympics Tennessee and Special Olympics as a company, my employer, all sponsors, all other event location owners and organizations, all participating companies and organizations, including their employees, agents and representatives, and all game captains and volunteers (Released Parties), and hereby release the foregoing from liability for any such claims which may arise from, or occur as a result of my participating in Corporate Challenge.

**INDEMNITY.** In further consideration of the opportunity to participate in Corporate Challenge, I hereby agree to indemnify and hold harmless the Released Parties from and against any and all claims of third parties, including but not limited to fellow employees and members of the public, for personal injury, illness, and/or property damage which may result from or be caused by my own intentional, deliberate or negligent conduct. This indemnity shall survive regardless of when such claims are asserted.

**CERTIFICATION OF GOOD HEALTH.** I certify that I am in good physical health, have the permission and clearance of a licensed physician to participate in Corporate Challenge events, and have no physical condition, impairment, disease, infirmity, other illness, or history of chronic respiratory or circulatory ailments, including heart disease or blockage, that would prevent or jeopardize my safe participation in Corporate Challenge or place me at risk of further injury, illness or death during my participation.

**PERMISSION TO USE NAME AND PHOTO.** I hereby grant my permission to the MCCC for the free use of my name and photograph in any print media, social media, broadcast, telecast, or video account of any Corporate Challenge game and/or event.

By signing this form, I acknowledge that I have read the form in its entirety, fully understand and agree with its contents, and fully accept all terms, conditions, and provisions and I have not altered the form in any way.

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Birthday \_\_\_\_\_