

**2009 GRAND RIVER AREA FAMILY YMCA CORPORATE CHALLENGE
WAIVER & INDEMNITY / ELIGIBILITY VERIFICATION FORM**

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 Grand River Area Family YMCA Corporate Challenge event, and hereby agree to assume such risk. I further waive any and all claims for personal injury and property damage, of any kind or character whatsoever, against the Grand River Area Family YMCA, my employer, Chillicothe Parks and Recreation Department, all sponsors, all other event location owners and organizations, all participating companies and organizations, Program Director, game captains, volunteers, 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 events.

INDEMNITY: In further consideration of the opportunity to participate in and attend Corporate Challenge events, I hereby agree to indemnify and hold harmless Grand River Area Family YMCA, my employer, Chillicothe Parks and Recreation Department, all sponsors, all other event location owners and organizations, all participating companies and organizations, Program Director, game captains, volunteers 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 and/or property damage which may result from or be caused by my own intentional, deliberate, or negligent conduct. This indemnity shall survive my participation in and attendance at Corporate Challenge events.

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 events 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 Grand River Area Family YMCA for free use of my name and photograph in any print media, broadcast, telecast, or video account of any Corporate Challenge 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. I further acknowledge by my signature that I have read the eligibility rules as stated on the reverse side of the form, and I meet those requirements for participation.

Signature: _____ Date: _____

Date of Birth: _____