



2024 Youngstown Area Community Cup Participant Waiver

Return to YMCA no later than July 31, 2024

Team Captains

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. Illegible, incomplete, or unsigned forms will not be accepted.

Note: This information and waiver must be completed by all Community Cup participants.

Name _____ , _____ M / F (circle)
Last First

Address _____

City _____ State _____ Zip _____

Phone _____ Birth Date ___/___/___ Age ___ (as of 6/1/24)

E-mail address _____

Company Name _____ Date of Hire _____ (no later than 8/1/24)

Team on which Participating (if different from "Company Name") _____

Do you receive a paycheck directly from this organization? Yes / No (circle)
If "No", briefly describe your affiliation.

Have you participated in the Community Cup before? Yes / No (circle)

The Community Cup Rules Committee reserves the right to review any entry related to eligibility. Please read the following waiver carefully before signing.

I the undersigned, intending to be legally bound for myself, my executors, and administrators, waive and release any and all claims for personal injuries, losses, and damages from participation in this event which I may have against the YMCA of Youngstown, their members, volunteers, and sponsors, the Covelli Center/ Youngstown Foundation Amphitheatre/Wean Park in conjunction with JAC Management. I attest that I am physically fit and trained sufficiently for completion of this event. My physical condition has been verified by a licensed medical doctor. Furthermore, I hereby grant full permission to any and all foregoing to use photographs, videotapes, recordings, and other records of this event.



Youngstown Area
Community Cup

Signature _____ Date _____