

# Casper Fire Fighter Combat Challenge

PARTICIPANT REGISTRATION FORM JUNE 13, 2015

Name: \_\_\_\_\_ M/F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

**WAIVER: (Must be signed) if participant is under 18 Parent or Guardian must sign.**

## Application Waiver

Running and volunteering for CWCS events are potentially hazardous activities. I understand that I should not participate in any CWCS club activity unless I am medically able and properly trained. I agree to abide by any decision of a race official relative to my ability to safely complete the activity. I assume all risks associated with running and volunteering in club events including, but not limited to falls; contact with other participants; effects of the weather including heat, humidity and cold; conditions of running surfaces and obstacles on the course; and vehicle traffic; all such risks being known by me. **I understand the Firefighter Combat Challenge has obstacles including but not limited to climbing stairs, running a small portion of the course wearing a firefighter scott pak, A Tire Rope Pull and climbing structure.** Having read this waiver and knowing these facts, and in consideration of your acceptance of my participant application, I, for myself, family members, and others entitled to act on my behalf, waive and release the RRCA, the CWCS, their board members, sponsors and their representatives and successors including the City of Casper , WY from any and all claims or liabilities of any kind arising out of my participation in CWCS club activities, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I authorize the publication of pictures associated with any club event of myself or family member for posting on the CWCS website, newspaper or magazine publication.

SIGNATURE \_\_\_\_\_

Make Checks Payable to The Casper Fire Fighter Combat Team. Mail registration form to City of Casper, 200 N. David, Casper, WY 82601. Attn: Casper Combat Team.

