



## MWR Guam Sports & Fitness Department

### SPORTS EVENT REGISTRATION FORM

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Department: \_\_\_\_\_

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

### **Acknowledgement of Risks Waiver of Liability**

By signing below, I \_\_\_\_\_ acknowledge the risks associated with exercise regimens, and acknowledge the increased risks associated with meeting the aforementioned criteria and yet refusal to obtain a Medical Release Form prior to entry. I hereby for myself, my heirs, and executors and administrators waive and release the MWR Guam, and it's employees, directors, and agents and from any and all liability associated with these increased risks involved in my participation in the event aforementioned below.

Name of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Signature of Parent/Legal Guardian  
(If participant is under the age of 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date