

Sports and Recreation EXPO – Friday, April 17 – Clearwater Arena Extreme Fitness Obstacle Course Challenge

Team Name: _____

Team Leader: _____

Participant Address: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: () _____ Work Phone: () _____

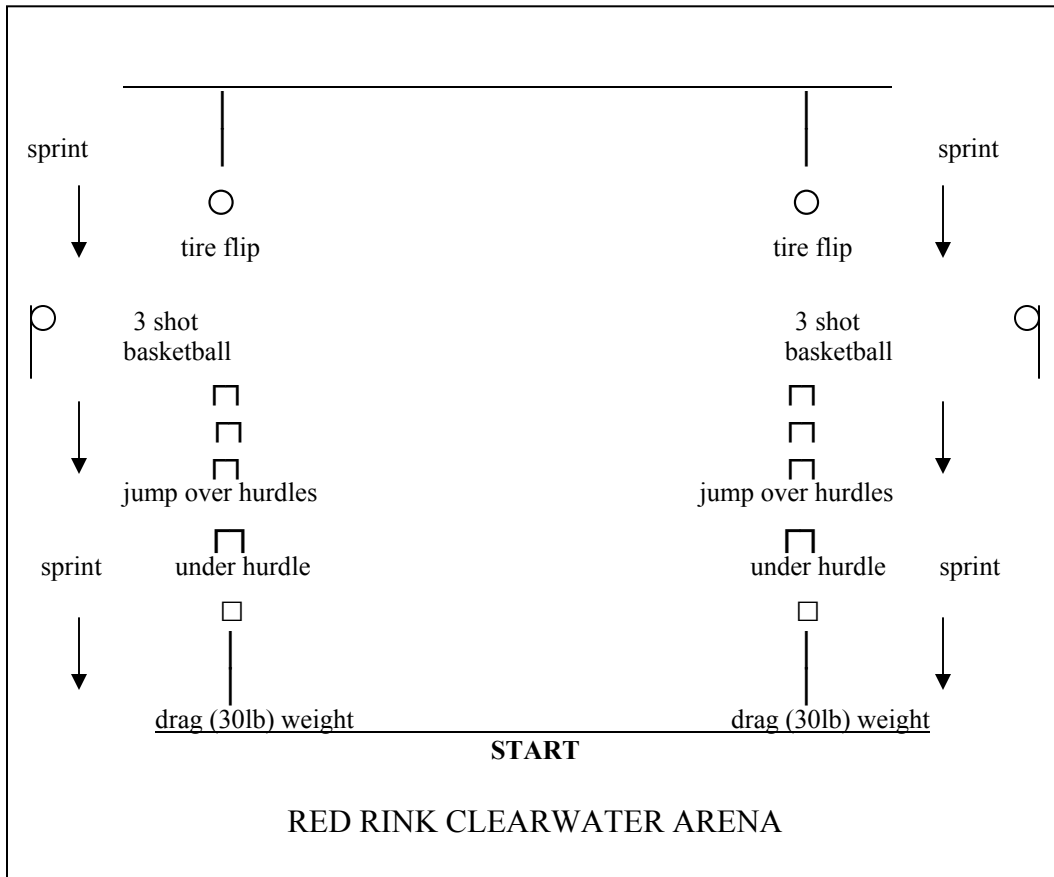
E-mail: _____

Team Members:

Print Name	Sign Name:
_____	_____
_____	_____
_____	_____
_____	_____

WAIVER - Each team member must read and sign.

- As a participant in the Extreme Fitness Obstacle Course Challenge, I do hereby release and discharge the Sports and Recreation Committee, the event site, their management, their officers, members, sponsors, organizers, and all cooperating businesses and organizations from all claims of damages, demands, actions, and causes whatsoever, in any manner arising out of my participation or that of my child in the event.
- I also give my full permission for the use of my name and photograph in this event



Please fax or drop off Registration Form at Tourism Sarnia Lambton
Fax: 519-336-3278

556 N. Christina Street, Sarnia or for additional info call Vicky Prail at (519) 336-3232