



2018 Sponsorship with Team Registration Form

Business/Team Name: _____

Sponsorship Level from other side: _____

Is a team included with your sponsorship? If not, please add \$100 to sponsorship amount. **ONLY 25 TEAM SLOTS AVAILABLE**

Total Amount \$ _____

Signature: _____

Standard Team: \$100.00 early registration (now-September 1, 2018) or late registration \$120.00 (after September 2). Team fee is non-refundable but can be transferred.

Team Members: Teams must consist of 4 members of **at least 14 yrs. of age**. Teams must provide their own transportation. Please list all members separately. A designated driver is welcomed at no cost.

NAME: _____ EMAIL: _____
 ADDRESS: _____ CITY: _____ STATE: ___ ZIP: _____
 PHONE: _____ SHIRT SIZE: M L XL 2XX UNDER 18: Y N
 EMERGENCY CONTACT: _____
 (Name) (Phone)

GUARDIAN IF UNDER 18: _____
 (Name) (Phone)

NAME: _____ EMAIL: _____
 ADDRESS: _____ CITY: _____ STATE: ___ ZIP: _____
 PHONE: _____ SHIRT SIZE: M L XL 2XX UNDER 18: Y N
 EMERGENCY CONTACT: _____
 (Name) (Phone)

GUARDIAN IF UNDER 18: _____
 (Name) (Phone)

NAME: _____ EMAIL: _____
 ADDRESS: _____ CITY: _____ STATE: ___ ZIP: _____
 PHONE: _____ SHIRT SIZE: M L XL 2XX UNDER 18: Y N
 EMERGENCY CONTACT: _____
 (Name) (Phone)

GUARDIAN IF UNDER 18: _____
 (Name) (Phone)

NAME: _____ EMAIL: _____
 ADDRESS: _____ CITY: _____ STATE: ___ ZIP: _____
 PHONE: _____ SHIRT SIZE: M L XL 2XX UNDER 18: Y N
 EMERGENCY CONTACT: _____
 (Name) (Phone)

GUARDIAN IF UNDER 18: _____
 (Name) (Phone)

**Waiver/Release must be signed by each Team Member.
Parent Signature is required for participants under 18.**

ACCIDENT WAIVER AND RELEASE OF LIABILITY I acknowledge that Northern Medina County Chamber Alliance's Amazing Race can test a person physically and mentally and carries with it the potential for death, injury, and property loss. The risks include but are not limited to those caused by terrain, facilities, temperature, weather, physical conditions of participants, volunteers, spectators, event officials, and event monitors and or producers of the event, and lack of hydration. I hereby assume all the risks of participating in the event. I certify that I am physically fit for the event and have not been advised otherwise by a medical person. I hereby consent to receive medical treatment such may be deemed advisable in the event of injury, accident and/or illness during the event. I understand that during this event I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by event holders, producers, sponsors, organizers, and/or assigns. This Accident Waiver and Release of Liability shall be constructed broadly to provide release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and I understand its content.

Event proceeds will help fund scholarships, internships and grant opportunities for deserving students in the Northern Medina County area.

Team Name: _____ Team Member (print): _____ Signature: _____ If under 18, Parent/Guardian Signature: _____	Team Name: _____ Team Member (print): _____ Signature: _____ If under 18, Parent/Guardian Signature: _____
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**Northern Medina County
Chamber Alliance**
NETWORK ▲ PROMOTE ▲ DEVELOP ▲ ADVOCATE

Revised: September 10, 2018



Team-Registration-Form-for-NMCCA-Amazing-Race-2018.docx