



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF HANNIBAL 3RD ANNUAL MAXOUT COMPETITION REGISTRATION FORM

WHEN: Saturday, December 2nd 2017

WHERE: YMCA OF HANNIBAL

FEE: \$25 ENTRY FEE

TIME: 8am in the morning

WHO: Must be age 12 or older

ALL REGISTRATION FORMS AND PAYMENTS ARE DUE BY NOVEMBER 24TH.

Participants will need to have a minimum of three sponsors pledged to donate one cent or more per maximum weight lifted or reps performed. (Example: 10 cents per pound, and the athlete lifts a total 1,000 pounds between the three lifts, the total amount due would be \$100)

NAME _____
SEX: M F AGE _____ T-SHIRT SIZE S _____ M _____ L _____ XL _____ XXL _____
ADDRESS: _____ CITY/STATE/ZIP _____
PHONE _____ EMAIL _____
COMPETING: _____ MAXOUT for POWER _____ MAXOUT for ENDURANCE _____ HANNIBAL'S FITTEST (Both)

I acknowledge that I am participating in an event that is physically challenging. In consideration of my participation in the MAXOUT COMPETITION, I hereby acknowledge that I am aware of the risks and hazards associated with or related to this event.

The risks and hazards of the sport include, but are not limited to:

- Injuries from executing strenuous and demanding physical techniques;
- Injuries resulting from failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
- Injuries resulting from vigorous physical exertion and strenuous workouts;
- Injuries from exerting and stretching various muscle groups;

I acknowledge that I am participating voluntarily in this activity. I agree that there are risks in weight lifting as described above and by participating, I am exposed to these risks and hazards. I agree to accept them and be responsible for any injury or other loss which I might receive while participating. As a result, I hereby release the YMCA of Hannibal and its directors, Board members, administration, supervisors, and other employees, as well as fellow participants from all liability for any loss, damage, injury or expense that I may suffer as a result of my participation in weight lifting while participating in the MAXOUT COMPETITION.

PARTICIPANT (print) _____ Date _____

SIGNATURE _____

SIGNATURE OF GUARDIAN (IF 17 YEARS OF AGE OR YOUNGER: _____

FOR OFFICE USE ONLY

Date _____ Amount Paid _____ Check # _____ Cash _____ Staff _____

Put in Daxko _____ Code #33