

**City of Hawaiian Gardens  
Human Services Department  
Corporate Challenge**

**Waiver Release Form**

(Please type or print neatly)

Athlete's Name \_\_\_\_\_ Athlete's Home Phone Number \_\_\_\_\_

Company Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex M F

Your title or position at your company \_\_\_\_\_

Employment Status: Full Time Part Time Contract Spouse

I, the undersigned, fully understand that participation in Corporate Challenge (hereinafter "Event"), involves various sports activities at various sites, which expose me to the risk of personal injury, death and property damage. I hereby agree that I am voluntarily participating in this Event and agree to assume any such risk.

In consideration of being permitted to participate in this Event, I hereby release and agree not to sue the City of Hawaiian Gardens, the Corporate Challenge Committee, the A.B.C. Unified School District, all Event sponsors and all other participating organizations from any and all liability, claims or actions for injury, death or damage to property arising out of or in connection with participation in the Event for whatever cause including the active or passive negligence of the aforementioned entities and organizations and their officers, employees, agents or representatives.

I have carefully read this release and covenant not to sue and fully understand its contents. I am aware that it is a full release of all liability and I sign it of my own free will.

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Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent or Guardian signature (If participant is under 18 years old) \_\_\_\_\_

**THIS FORM MUST BE SUBMITTED TO YOUR COMPANY COORDINATOR BY\_\_\_\_\_.**