



## 4th Annual Show of Strength Registration Form

Name: \_\_\_\_\_

Local Address: \_\_\_\_\_

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

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

Estimated Weight Class: \_\_\_\_\_

Age: \_\_\_\_\_

Eagle ID # \_\_\_\_\_ T-Shirt size \_\_\_\_\_

In which events will you compete? *(Circle all that apply)*

Squat

Bench

Deadlift

- Early Registration and payment must be turned in to the RAC Main Office no later than 5:00pm on March 13<sup>th</sup>, 2009. Late Registration and payment may be turned in to the RAC Main office after March 13<sup>th</sup>, 2009 or they can be turned in at the event **before** weigh-ins.

### Assumption of Risk, Release, and Healthcare Verification

I, the aforementioned participant, agree to indemnify, defend, and hold harmless, Georgia Southern University, and their officials, agents, and employees from any claims, damages, and actions of any kind of nature, whether at law or in equity, arising from my participation in Georgia Southern University CRI Fitness 4<sup>th</sup> Annual Show of Strength on April 18<sup>th</sup>, 2009.

I realize that my participation in this activity involves risks of injury including but not limited to tendonitis, strains, sprains, bursitis, fractures, delayed muscle soreness, contusions, abrasions, and even the possibility of death. Also, I recognize that there are many other risks of injury including serious and disabling injuries that may arise due to my participation in this activity and that it is not possible to specifically list each and every individual injury risk. By signing this form I desire, consent, and voluntarily choose to take part in all such activities. Knowing the material risk and appreciating, knowing, and reasonably anticipating that other injuries and death are a possibility, I, assume all of the risks accompanying the nature of the activities and agree that the University or any of its officers, agents, and employees conducting such activities will not be responsible for any damages or injuries to me.

Furthermore, I also confirm that I have appropriate healthcare insurance for this activity, or if not, I will not rely upon the University for medical expenses, other than those incurred at the Georgia Southern University Health Center.

***I hereby affirm that I have read, fully understand, and agree to accept the terms, policies, and conditions of the above document in its entirety.***

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

\_\_\_\_\_  
Date