2024 KANSAS CITY CORPORATE CHALLENGE WAIVER & INDEMNITY / ELIGIBILITY VERIFICATION FORM

Every participant must personally read, understand, and execute a waiver form. This paper form must be used if a company coordinator signs up a participant in Challenge Manager. All other participants who sign themselves up in Challenge Manager must agree to the electronic waiver in challengemanager.com.

READ BEFORE SIGNING

PLEASE TYPE OR PRINT CLEARLY

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	ant's Name	Phone #
Company	У	FIIOTIE #
arise from assume si further wa have for p all Corpora City Corpo partners, I Overland I employees Parties), a	n my participation in any Kansas City Corporate Cha uch risk including but not limited to illness, injury, o give any and all claims of any kind that I, or my resp personal injury, illness, and property damage, of any ate Challenge games, activities, meetings and even orate Challenge, Inc. (KCCC), Jackson County Parks Kansas Speedway, the Shawnee Mission School Dis Park, all other event location owners and organizati s, agents and representatives, and all KCCC Board	ly comprehend the risk of personal injury and property damage that may llenge game and/or event (Corporate Challenge), and hereby agree to r death arising from exposure to the Novel Coronavirus (COVID-19). I ective heirs, executors, administrators, or assigns may have or claim to kind or character whatsoever, resulting from my participation in any and ts, against Johnson County Park and Recreation District (JCPRD), Kansas & Recreation Department, my employer, all sponsors, all KCCC charity strict, Truman Sports Complex, City of Gladstone, City of KCMO, City of ons, all participating companies and organizations, including their Members, Ambassadors, Games Captains, and Volunteers (Released by such claims which may arise from, or occur as a result of my
harmless members (COVID-19	the Released Parties from and against any and all of the public, for personal injury, illness, property d	ticipate in Corporate Challenge, I hereby agree to indemnify and hold claims of third parties, including but not limited to fellow employees and amage, and/or claims arising from exposure to the Novel Coronavirus tentional, deliberate or negligent conduct. This indemnity shall survive
CERTIFICATION OF GOOD HEALTH. I certify that I am in good physical health, have the permission and clearance of a licensed physician to participate in Corporate Challenge events, and have no physical condition, impairment, disease, infirmity, other illness, or history of chronic respiratory or circulatory ailments, including heart disease or blockage, that would prevent or jeopardize my safe participation in Corporate Challenge or place me at risk of further injury, illness or death during my participation.		
		ermission to the JCPRD and KCCC for the free use of my name and east, or video account of any Corporate Challenge game and/or event.
CODE OF	CONDUCT	
• C v • F • E	volunteers through words and actions. Respect the spirit of fair-play and non-violence and I Be responsible for their personal belongings at all ti	all times, showing respect for other participants, officials, spectators, and behave accordingly in competition. mes and assist in maintaining the cleanliness, safety, and security of
• F	manner that is consistent with the KCCC mission.	ored activities. Additionally, participants will conduct themselves in a
fa		Iding but not limited to face coverings/masks, social distancing, and host safety guidelines will be removed from an event at the discretion of the esignee.
accept all	terms, conditions, and provisions and I have not al	in its entirety, fully understand and agree with its contents, and fully tered the form in any way. I further acknowledge by my signature that I this form, and I meet those requirements for participation.

_____Date_____Year of Birth______