

June Jaunt

get your "fix" on K-96

2019 Great Bend Business/Family Olympics Registration Form

Jack Kilby Square • Saturday, June 1, 2019
Competition Starts at 1pm, Check in by 12:45pm

Team Information

Business/Organization/Family Representing: _____

Address of Business/Team Capt.: _____

Phone: _____ Team Name: _____

Player Information

Team Captain/Contact Name: _____

Cell Number : _____

Member 2: _____

Member 3: _____

Member 4: _____

* Team Member Names can change up until day of, but will be needed for Announcements and Trophies

All participants must sign the Waiver and Release on the back of this form before participating

To participate in the Business/Family Olympics...

- Teams MUST have four individuals participating
- Business entry's can ONLY be Great Bend businesses
- Family teams can be any member of a family (siblings, parents, cousins, etc.) but MUST compete under the same last name (e.g. 2 Smith's and 2 Jones's complete under the team name "Team Smith")
- The team captain will receive the informational packet, bracket, and must check in for the team
- Please send information and Money to City of Great Bend, 1209 Williams.
- Waivers must be signed by each participant in order to compete.
- PLEASE BE SURE TO HAVE YOUR TEAM WEAR YOUR BUSINESS LOGO OR MATCHING SHIRTS TO COMPETE!

6TH ANNUAL JUNE JAUNT
MAY 31-JUNE 2, 2019

Live Performance Schedule

SATURDAY, JUNE 1ST • BAND SHELL AT JACK KILBY SQUARE

9-10 AM • MATTHEW THE MAGICIAN	2 PM • LAUREL DAWN
10 AM • GREAT BEND STRONGEST/FITTEST COMPETITION (KANSAS AVE.)	3-4 PM • MATTHEW THE MAGICIAN
11 AM • MATTHEW THE MAGICIAN	4-5:30 PM • GREAT BEND BAND CAMP PERFORMANCE
NOON • GREAT BEND FASHION SHOW	6-7 PM • JAKE WINGFIELD
1 PM • BUSINESS/FAMILY OLYMPICS COMPETITION	7-8 PM • ALEX MOYERS
	9-11:45 PM • HOMEBREW

SEE UPDATES ON FACEBOOK AT "EXPLORE GREAT BEND, KS"

ENJOY LIVE ENTERTAINMENT & THE COMMUNITY BEER GARDEN



If you have any questions, comments or concerns please contact
Community Coordinator Christina Hayes at 620-793-4111 or
chayes@greatbendks.net
1209 Williams, Great Bend, KS 67530

2019 Great Bend Business/Family Olympics

Waiver and Release Form

Each Team Member Must Sign In Order To Participate.

Please match signatures to designated "Member Number" on the form front.

I acknowledge that the Great Bend Business/Family Olympics is a test of a person's physical and mental limits and it carries with it potential for death, serious injury, and property loss. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN the Great Bend Business/Family Olympics. I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised otherwise by a qualified health professional. I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns, or anyone else who might claim or sue on my behalf, and I expressly acknowledge that it is my intent to take these actions: (a) I AGREE to abide by the competitive rules adopted by the Great Bend Business/Family Olympics (b) I AGREE that prior to participating in an event, I will inspect the race course, facilities, equipment, and areas to be used and if I believe any to be unsafe I will advise the person supervising the event, activity, facility, or area; (c) WAIVE, RELEASE, AND DISCHARGE FROM ANY AND ALL CLAIMS, LOSSES, OR LIABILITIES FOR DEATH, PERSONAL INJURY, PARTIAL OR PERMANENT DISABILITY, PROPERTY DAMAGE, MEDICAL OR HOSPITAL BILLS, THEFT OR DAMAGES OF ANY KIND, INCLUDING ECONOMIC LOSSES AND LOSS AND/OR STOLEN ITEMS, WHICH ARISE OUT OF RELATE TO MY PARTICIPATION IN, OR MY TRAVELLING TO AND FROM THE EVENT, THE FOLLOWING PERSONS OR ENTITIES: The Great Bend Business/Family Olympics sponsors, including, but not limited to The City of Great Bend, Kansas and all it's staff/partners, as well as competition directors, employees, event owners, volunteers, all states, cities, counties, or localities in which events or segments of events are held, and the officers, directors, employees, representatives, volunteers, and agents of any of the above even if such claims, losses, or liabilities are caused by the negligent acts or omissions of the persons I am hereby releasing or are caused by the negligent acts of any other person or entity; (d) I ALSO ASSUME ANY AND ALL OTHER RISKS associated with participating in this even including but not limited to falls, contact and/or crashes with other participants, effects of weather including heat and/or humidity, defective equipment, the condition of the competition's surface, water hazards, and any hazard that may be posed by spectators or volunteers all such risks being known and appreciated by me, and I further acknowledge that these risks include risks that may be the negligence of the persons or entities mentioned in paragraph (c) or other persons or entities; (e) I AGREE NOT TO SUE ANY OF THE PERSONS OR ENTITIES MENTIONED ABOVE IN PARAGRAPH (c) FOR ANY OF THE CLAIMS, LOSSES, OR LIABILITIES THAT I HAVE WAIVED, RELEASES OR DISCHARGED HEREIN; (f) I INDEMNIFY AND HOLD HARMLESS THE PERSONS AND ENTITIES MENTIONED IN PARAGRAPH (c) for any and all claims made or liabilities assessed against them as a result of (i) my actions or inactions (ii) the actions, inactions, or negligence of others including those parties hereby indemnified; (iii) the condition of the facilities, equipment, or areas where the event is being conducted; (iv) the Competitive Rules; or (v) any other harm caused by an occurrence related to the Great Bend Business/Family Olympics event; and (g) I GRANT PERMISSION for the use of my name and/or likeness relating to my participation in the Business/Family Olympics event, and I waive all right to any future compensation to which may otherwise be entitled as a result of the use of my likeness; (h) I UNDERSTAND and accept that my entry fee is non-refundable under any circumstance. I also give permission to use my photos.

I HEREBY AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER. I HAVE READ THIS CODUMENT AND UNDERSTAND ITS CONTENT.

Printed Name for the Team Captain _____

Signature _____ **Date** _____

Printed Name for Member 2 _____

Signature _____ **Date** _____

Printed Name for Member 3 _____

Signature _____ **Date** _____

Printed Name for Member 4 _____

Signature _____ **Date** _____

FOR PERSONS UNDER EIGHTEEN (18) YEARS OF AGE A PARENT OR LEGAL GUARDIAN MUST SIGN THE ABOVE AWRL AND COMPLETE THE FOLLOWING SECTION.

The undersigned _____ (parent/guardian) is the parent and natural or legal guardian of _____ (minor's name) hereby acknowledges that he or she has executed the foregoing AWRL for and on behalf of the minor named herein. As the natural or legal guardian of such a minor, I hereby bind myself, the minor and our executors, administrators, heirs, next of kin, successors and assigns to the terms of the foregoing AWRL. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify and hold harmless the persons or entities mentioned in the foregoing AWRL for any claims made of liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the foregoing AWRL or in the execution of the Consent. I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility ("Medical provider") to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to the Great Bend Business/Family Olympics event. I authorize such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of said minor and myself. I acknowledge that no warranty is being made as to the results of any medical treatment.

NOTE: PARENT/GUARDIAN MUST ALSO SIGN AWRL ABOVE.

Printed Name of Parent/Guardian _____ **Minor's Member Number** _____

Signature of Parent/Guardian _____

Relationship to Minor _____ **Date** _____