

# Wil-Power Foundation

## Caveman Registration Form



Name

Address

Email Address

### **CONSENT AGREEMENT**

I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all the risks inherent in running and swimming including possible permanent disability or death, and agree to all of those risks. **As a condition of my participation in Wil-Power Foundation's Caveman Challenge or any activities incident there to, I hereby waive any and all rights to claims for loss or damages, including all claims caused by negligence, active or passive, of the following: the clubs, host facilities, meet committees, or any individuals of officiating at the event or supervising such activities.**

SIGNATURE