

2011 Maple Festival Tug of War Waiver & Release of Liability

In consideration of your acceptance of this entry, I hereby, for myself, my heirs, my executors and Administrators, waive any and all claims for damages one may have against the Geauga County Maple Festival Board, Tug of War Committee, the City of Chardon, or any public entity or individual associated with the Maple Festival Tug of War Contests held on May 1, 2011 together with their representatives, successors and assigns, and withhold them harmless of any and all injuries suffered in connection with said event. I have full knowledge of the risks involved with participating in this event and agree to assume all risks. I also give permission for the free use of my name and picture in any broadcast, telecast, or print media account of this event.

Please Print Information in Form Below:

Name _____

Address _____

City _____ State _____

Zip Code _____ Age on race day _____

Phone # _____

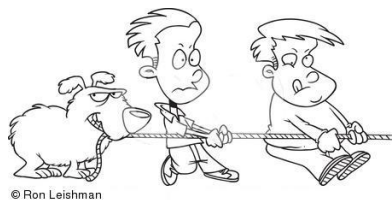
Applicant's signature: _____

Parent/Guardian's signature (if under 18) Contest chairman reserves the right to reject any entry.

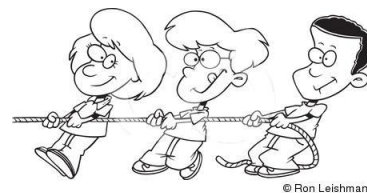
No Confirmations will be sent

NO REFUNDS

GEAUGA COUNTY MAPLE FESTIVAL



2011 Tug of War Team Application



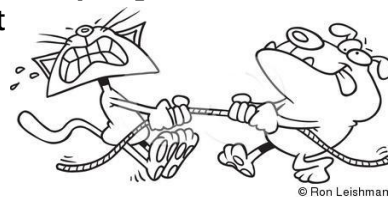
Chairman: Mikey Tvergyak

When: Sunday, May 1, 2011 ... Event starts promptly at 10:00 AM
Weigh-ins start at 8:00 AM

Where: On Chardon Square (Exact location to be announced)

Cost: \$50 per Team if registration received by Saturday, April 30, 2011
\$60 per Team if registering the day of event

Prizes: 1st Place Winning Team \$500.00
2nd Place Winning Team \$300.00
3rd Place Winning Team \$100.00



The first 15 registering teams will receive a Geauga County Maple Festival Tug of War T-Shirt.

Shirt Size S M L XL XXL

Team Name:_____

Athlete's Name:_____

Address:_____

E-Mail:_____

Emergency Contact:_____ **Phone:**_____

The undersigned has read the waiver and release of liability attached, and understands that he/she has given up substantial rights by signing, and has signed it voluntarily.

Signature of Participant:_____

Mail Application to: Mikey Tvergyak, 359 S. Hambden St., Chardon, OH 44024
Call (440) 487-1066 or e-mail ntvergyak@windstream.net to arrange application drop off time