

____ PROOF OF AGE
____ PHOTO ID
____ PAID
____ CODE OF CONDUCT

**2018 The Ultimate Teen Challenge
Arnold Sports Festival • March 4, 2018
Columbus Convention Center
400 North High Street
Columbus, OH 43215**

ARNOLD FITNESS FESTIVAL
WRISTBAND #

WEIGHT _____ #

Eligibility: Any teens between the ages of 13 and 19. Must have proof of age.

Please check box

[] Sunday March 4 Ultimate Teen Challenge **\$20.00/teen**

Name (print): _____ Age: _____ D.O.B: _____ [] Male [] Female

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Adult Supervisor Name: _____ Contact # or email: _____

Emergency Contact Name: _____ Contact # or email: _____

By submission of this Athlete Registration, Media Release & Liability Waiver, I, the undersigned, or my parent or legal guardian, evidence my desire to participate in the "ULTIMATE TEEN CHALLENGE", (hereinafter "event") subject to the following terms and conditions. In consideration of my participation in said event and for other good and valuable consideration, I, or my parent or legal guardian agree, covenant and warrant as follows:

ATHLETIC ABILITY: I warrant and represent that I am in good physical health and condition, in the past twelve months I had a complete physical exam with a registered physician and am physically able to compete in the events, and know of no physical restriction whatsoever which would prohibit my participation in the event. The organizers of the event have also advised me that it would be in my best interest to consult my physician prior to my preparation for and participation in the event. I recognize and understand that the preparation and competition may necessitate strenuous physical activity and could possibly activate an unrecognized pre-existing cardiovascular disorder or other disorder that I may have, thereby resulting in serious or life-threatening physical harm to me. I warrant and represent to the organizers that I have prepared myself for the event that I have entered by practicing the same prior to my participation. The organizers of the event have my permission to have a physician treat me during my participation in the "Ultimate Teen Challenge" should the organizers determine it necessary to do so.

PHOTO & FILM WAIVER: I hereby grant full permission to the organizers of the event, their agents, employees, and representatives to use my name, voice, and/or picture or film in any print or broadcast media, including, but not limited to radio, telecast, advertising, promotion, web, internet, social media or other use in relation to the "Ultimate Teen Challenge".

LIABILITY WAIVER: I, the undersigned participant, or my parent or legal guardian, hereby release and forever discharge the organizers of the "Ultimate Teen Challenge", David Hawk, David G Hawk LLC, AZ Hawk, LLC, The Ultimate Teen Challenge, The organizers of the Ultimate Teen Challenge and the organizers of the Arnold Sports Festival and Expo, (hereinafter Releases) as well as Releases' officers, directors, agents, employees, parent, sister or subsidiary corporations, heirs, executors, administrators, successors and assigns, from any and all claims, demands, damages, actions and causes of action of any kind or nature, arising in any way out of, in consequence of, or on account of my participation in the "Ultimate Teen Challenge". It is further agreed that I or my parent or legal guardian, hereby agree to indemnify and hold harmless Releases, as well as Releases' officers, directors, agents, employees, parent, sister or subsidiary corporations, heirs, executors, administrators, successors and assigns, from any and all actions or claims of whatsoever kind or nature which I, my representatives or assigns, or any third party may have, or at any time in the future have arising out of my participation in the "Ultimate Teen Challenge".

ACKNOWLEDGEMENT: I, the undersigned participant, or my parent or legal guardian, have read, understood and consented to the above terms and conditions of my participation in the "Ultimate Teen Challenge".

Signature of Athlete 18 years or older: _____

Parent or Guardian name if athlete under age 18: _____

Date: _____, 2018.

*If registering for the TEAM Challenge and you have a partner you are competing with, please list their name: _____