

**2025 WELLINGTON COMMUNITY CHALLENGE  
WAIVER & INDEMNITY/ELIGIBILITY VERIFICATION FORM**

**READ BEFORE SIGNING**

Please type or print clearly.

Participant Name: \_\_\_\_\_

Business/Organization: \_\_\_\_\_

Phone #: \_\_\_\_\_

**LIABILITY WAIVER AND RELEASE/ASSUMPTION OF RISK.** I fully understand the risk of personal injury and property damage that may arise from my participation in any Wellington Community Challenge games and/or event, and hereby agree to assume such risk. I further waive any and all claims to have for for personal injury, illness, and property damage of any kind or character whatsoever, resulting from my participation in any and all Community Challenge games, activities, meetings, and events, against Wellington Recreation Commission, my employer, all sponsors, the City of Wellington, USD 353 of Wellington, the Wellington Area Chamber of Commerce, all other event location owners and organizations, all participating companies and organizations, including their employees, agents, and representatives, and all volunteers, game captains, and staff associated with the Challenge activities and events; and hereby release the foregoing from liability for any such claims which may arise from, or occur as a result of my participation in the Community Challenge.

**INDEMNITY.** In further consideration of the opportunity to participate in the Wellington Community Challenge, I hereby agree to indemnify and hold harmless the Released Parties from and against any and all claims of third parties, including but not limited to fellow employees and members of the public, for personal injury, illness, and/or property damage which may result from or be caused by my own intentional, deliberate or negligent conduct. This indemnity shall survive regardless of when such claims are asserted.

**PERMISSION TO USE NAME AND PHOTO:** I hereby grant my permission to the Wellington Recreation Commission and Wellington Community Challenge for the free use of my name and photograph in any print media, broadcast, telecast, or video account of any Community Challenge game and/or event.

By signing this form, I acknowledge that I have read the form in its entirety, fully understand and agree with its contents, and fully accept all terms, conditions, and provisions and I have not altered the form in any way. I further acknowledge by my signature that I have read the eligibility rules as stated on this form, and I meet those requirements for participation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_