

## 2018 IGNITE Cup Registration Form



Registration forms and waivers must be completed for all team members.  
Completed forms should be sent to [ignitecup@igniterockford.com](mailto:ignitecup@igniterockford.com).

### **Registration Pricing:**

Individual: \$40                  Team of 10: \$400

Registration may be paid online at: <http://web.rockfordchamber.com/events/IGNITE-Cup-2040/details>

Or by check payable to IGNITE and sent to the Rockford Chamber (308 W. State St., Rockford, IL 61101)

***Registrations received after March 30 are not guaranteed a shirt. We will do our best, but not guaranteed.***

### **Registration Includes:**

Bowling, Game Night, Mini Putt, Field Day, RCC Founder's Day, Canoe Battleship, Trivia Night, T-Shirt

*Please note, there is a minimum and maximum number of players from each team eligible for each event. Not all team members are required or able to participate in all events. Awards Ceremony requires advance registration for complimentary ticket.*

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Name:

Email:

Mobile Phone:

T-shirt Size (Adult sizes):    Small    Medium    Large    X Large    XX Large    XXX Large    XXXX Large

*Registrations received after 3/30/18 are not guaranteed a t-shirt. We will do our best, but not guaranteed.*

I'm signing up as an individual (or at least, not a full team of 10), so please put me on an awesome team!

***Is there anyone you would like to be placed on a team with? Give us their names!***

I am joining a Team of 10

I am the Team Captain (*Each team **MUST** have one team captain*)

Team Name:

***Payment must be received for registration to be processed.***

***Please contact [ignitecup@igniterockford.com](mailto:ignitecup@igniterockford.com) with any questions or for further information!***

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### **Office Use Only:**

Registration Received:

Payment Received:

T-shirt List:

Waiver:

Team:

**IGNITE CUP PARTICIPANT  
GENERAL RELEASE, WAIVER OF LIABILITY,  
ASSUMPTION OF RISK, AND INDEMNIFICATION AGREEMENT  
2018 IGNITE CUP SEASON**

I, \_\_\_\_\_, acknowledge and agree that I am over  
eighteen (18) years of age and both knowingly and voluntarily agree to the following:

I have voluntarily applied to participate in the Rockford Chamber of Commerce and IGNITE Cup that includes, but may not be limited to, the following activities: Miniature golf, canoe battleship, game night, trivia night, bowling, and/or field day (hereinafter "Activities").

I understand that participation in these Activities carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

**TO THE BEST OF MY KNOWLEDGE, I ASSERT THAT I AM IN GOOD PHYSICAL CONDITION AND FULLY ABLE TO PARTICIPATE IN ANY OR ALL OF THESE ACTIVITIES. I AM FULLY AWARE OF THE RISKS AND HAZARDS CONNECTED WITH THE PARTICIPATION IN THESE ACTIVITIES, INCLUDING PHYSICAL INJURY OR EVEN DEATH, AND HERBY ELECT TO VOLUNTARILY PARTICIPATE IN SAID EVENT, KNOWING THAT THE ASSOCIATED PHYSICAL ACTIVITY MAY BE HAZARDOUS TO ME AND MY PROPERTY, AND KNOWINGLY AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY ME, OR LOSS OR DAMAGE TO PROPERTY OWNED BY ME, AS A RESULT OF PARTICIPATION IN THIS COURSE.**

In consideration for being permitted to participate in these activities, I do hereby forever release IGNITE, the Rockford Chamber of Commerce, any affiliated organization, and their respective officers, directors, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all liability, actions, claims, or demands whatsoever that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, arising out of or related to any loss, damage, accident, illness, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the event is being conducted, whether or not I am then participating in the activities, or the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee.

I agree to indemnify and hold IGNITE and the Rockford Chamber of Commerce harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the Activities and to reimburse them for any such expenses incurred.

I expressly agree that the foregoing Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Illinois and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I hereby further agree that this Agreement shall be constructed in accordance with the laws of the State of Illinois.

In signing this release, I acknowledge and represent that:

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS;**

**NO ORAL REPRESENTATIONS, STATEMENTS OR INDUCEMENTS, APART FROM THE FOREGOING WRITTEN AGREEMENTS HAVE BEEN MADE;**

**I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME;**

**I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF, IGNITE AND THE ROCKFORD CHAMBER OF COMMERCE TO THE GREATEST EXTENT ALLOWED BY LAW;**

**I UNDERSTAND THAT BY SIGNING THIS AGREEMENT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE;**

**I AGREE THAT I AM SIGNING THIS AGREEMENT OF MY OWN FREE WILL**

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Signature of Participant

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Date

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Print Name of Participant

*Please submit signed waiver to [ignitecup@igniterockford.com](mailto:ignitecup@igniterockford.com)  
or mail it to IGNITE | 308 W. State Street | Rockford, IL 61108*