



# Cayman Islands STRONGMAN

## 5<sup>th</sup> October 2019

### TEAM Registration Form

### Entry Deadline 30<sup>th</sup> Sept.

TEAM NAME & MEMBERS (5)		
Team Type <i>(Please tick one):</i>	<input type="checkbox"/> Male Team	<input type="checkbox"/> Female Team <input type="checkbox"/> Mixed Male/Female Team
Fee <b>KYD\$300</b> <i>(Please tick one):</i>	<input type="checkbox"/> Paid Cash	<input type="checkbox"/> Paid C/C <input type="checkbox"/> Paid Cheque
Team Name:	Contact Email:	
	Contact Mobile #:	
Team Member #1 <i>(please circle one)</i>	Male    Female	
Name: _____	Age: _____	Weight: _____
Team Member #2 <i>(please circle one)</i>	Male    Female	
Name: _____	Age: _____	Weight: _____
Team Member #3 <i>(please circle one)</i>	Male    Female	
Name: _____	Age: _____	Weight: _____
Team Member #4 <i>(please circle one)</i>	Male    Female	
Name: _____	Age: _____	Weight: _____
Team Member #5 <i>(please circle one)</i>	Male    Female	
Name: _____	Age: _____	Weight: _____
SELECT FIVE (5) EVENT CATEGORIES <i>(* 2 mandatory, circle to select additional 3)</i>		
ATLAS STONE SERIES <i>(Mandatory)</i>	DEAD LIFT <i>(Mandatory)</i>	FARMERS' WALK
TIRE FLIP	CARRY & LOAD MEDLEY	HEART WALK
BEARING THE CROSS		

**IMPORTANT INFORMATION & WAIVER**

1. Each team will receive ONE (1) inside parking pass only. Please ensure you arrange accordingly
2. Female bonus points apply only to ONE (1) female per team. Reference the rules and regulations to review scoring systems/weights, etc. for each of the categories
3. It is mandatory for each member of the team to sign the below waiver prior to participating in the event

**Waiver of Liability:** In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby, for myself, my family, my heirs, executors, and administrators, forever waive, release and discharge any and all rights and claims for damages and causes of suit or action, known or unknown, that I may have against the Cayman Islands Strongman Event, the Powerlifting Association, all political entities, all independent contractors working on the event, all officials and volunteers and all sponsors of the event and the related events and their officers, directors, employees, agents and representatives, successors and assigns, for any and all injuries suffered by me in this event. I attest that I am physically fit, am aware of the dangers and precautions that must be taken when competing in a physical event and in warm conditions and have sufficiently trained for the completion of this event. I also agree to abide by any decision of an appointed medical official relative to my ability to safely continue or complete the event. I further assume and will pay my own medical and emergency expenses in the event of an accident, illness or other incapacity regardless of whether I have authorized such expense. Further, I hereby grant full permission to the Cayman Islands Strongman Event and/or agents authorized by them, to post my event results, to use any photographs, videotapes, motion pictures, recording or any other record of this event for any legitimate purpose at any time. I further understand that there are no entry refunds, exchanges, transfers or rollovers, and that the event may be cancelled due to any of the following reasons, among others, including weather conditions, natural disasters, or threats to local and/or national security including suspected terrorist activity.

I HAVE READ THE ABOVE WAIVER CAREFULLY AND UNDERSTAND IT.

Signature ..... Date .....