



# SPECIAL EVENT REGISTRATION FORM

## Leading Edge Bouldering Competition 2009

**DIVISION**

**Men's**

**(Circle One):**

**Women's**

- **Divisions will be more defined after initial climbing period.**

Participant	
Name:	
Phone Number:	Email Address:
Local Address:	
<b>University Classification:</b> <input type="checkbox"/> 1 <sup>ST</sup> YEAR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR <input type="checkbox"/> GRAD <input type="checkbox"/> FAC <input type="checkbox"/> STAFF	
<b>T-shirt size**:</b> <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> LARGE <input type="checkbox"/> EXTRA LARGE	

\*\* Only the first 50 registrants will receive a t-shirt. Limited sizes are available.

**FEE:** There is a fee of \$10 which should be turned in to 101 Student Recreation Center during open registration. One Cards and cash are accepted during open registration. Late registration will be accepted between 2:00pm and 2:30pm on event day, cash only.

**WAIVER:** I understand and acknowledge the potentially dangerous effects of strenuous physical activity. I further understand and acknowledge that Carolina Campus Recreation recommends that I have a physical examination and consult with my physician before beginning a strenuous exercise program. I acknowledge that I have either had a physical examination and received my physician's permission to participate or that I have decided to participate in this activity without the approval of my physician.

I acknowledge and understand that I am voluntarily participating in this event and that my participation is not required by anyone. I voluntarily assume full responsibility for any risk of loss, damage, or personal injury including death, and for any property damage that may be sustained by me as a result of participation in this activity. I further agree to indemnify and hold harmless the University of North Carolina at Chapel Hill, Carolina Campus Recreation, its employees, and agents from any loss, liability, damage, or cost including court costs and attorney's fees that may occur due to my participation in this activity.

**Signature:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

FOR OFFICE USE ONLY		
DATE: _____	CASH: _____	ONE CARD: _____
TRANSFERRED FROM: _____		STAFF INITIAL: _____