



REF #: _____

SPORTS • FITNESS • AQUATICS
TORII FITNESS CENTER
FITNESS EVENT

Event: _____ Location: _____

Date: _____ Check-in Time: _____ Start Time: _____

Eligibility: All Active Duty, Family Members, DoD/NAF Civilians & Local Nationals with DoD ID

Minimum of _____ Teams / Participants for event to proceed

Registration Deadline: _____

Entry Fee: \$_____ per person (3 years of age and under free without shirt)

POC/Participant Information:

Name: _____ Unit: _____

Phone: _____ Email: _____

Age: _____ Sex: _____

Shirt Size (Adult): S M L XL 2XL

Shirt Size (Youth): S M L

Additional Participant Information:

NAME	SEX	AGE	SHIRT SIZE	FOOD OPT.	REF. #

TORII FITNESS CENTER STAFF

Receipt #: _____ Shirt Inventory: Yes or No Staff Initial: _____ REF#: _____

Check in Spread Sheet Entry: Yes or No Staff Initial: _____

Liability Release Form

I completely understand and realize that participation in the _____ could include actions or tasks which might be dangerous or hazardous to me.

By signing below, I agree to the fact that participation can cause any harm or injury to me. I release the organization, DFMWR, from all liability, costs and damages which could arise from participation in the above-named event or activity. I agree to accept financial responsibility for the cost related to the emergency treatment and give my confirmation of the same by signing this document.

Full Name of Participant(s)

Participant(s) Signature(s) and Date
