



# TORII FITNESS CENTER

## COMMANDER'S CUP

Event: \_\_\_\_\_ Location: \_\_\_\_\_

Date: \_\_\_\_\_ Check-in Time: \_\_\_\_\_ Start Time: \_\_\_\_\_

Eligibility: Only Army Active Duty, Family Members, DoD/NAF Civilians and Local Nationals with DoD ID over the age of 18 (Active Duty have priority).

Roster Size: \_\_\_\_\_ Team(s) per Unit. \_\_\_\_\_ Participants per team.

Minimum of \_\_\_\_\_ Teams / Participants for event to proceed

Registration Deadline: \_\_\_\_\_

### POC/Participant/Captain/Coach Information:

Name: \_\_\_\_\_ Unit: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Partner/Team Member Information:

NAME	UNIT	PHONE	EMAIL

### Authorization for Participation in lieu of PT:

To whom has authority over the following Soldier(s) above,  
 I, \_\_\_\_\_, verify that I oversee the Soldier(s)  
Rank / Name / Unit  
 above for physical training (PT).

I will / will not authorize them to attend the event named above during the date(s) listed in lieu of PT.

In addition, I will / will not authorize all Soldiers under my authority to participate in all Commander's Cup events this calendar year: \_\_\_\_\_  
Year

\_\_\_\_\_

Signature and Date



**Liability Release Form**

I completely understand and realize that participation in the above-mentioned event or activity 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 or business named above 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

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