

SWAT Fitness Challenge Waiver Chandler Tactical Competition

Participants Name: _____ DOB: _____ Age: _____ Sex: _____

Agency Name: _____

Name of Parent or Guardian: _____ Telephone: _____

Home Address: _____ City: _____ State: _____

Business Address: _____ City: _____ State: _____

If person named above is not available in the event of an emergency, notify:

Name: _____ Relationship: _____ Telephone: _____

Name _____ Relationship: _____ Telephone: _____

In case of emergency, I understand every effort will be made to contact me. In the event, I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment which may include hospitalization, anesthesia, surgery, or injections of medication for my son or daughter named above.

Signature of Participant: _____ Date: _____

*I give permission to my son or daughter to participate in the Chandler Tactical Competition SWAT Fitness Challenge Event. I understand the risks **involved** with a physically demanding event as described in the Annual Chandler Tactical Competition Manual and I am aware of the rules regarding the event.*

Signature of Parent/Guardian: _____ Date: _____

As the Primary Chaperone for this participant, I confirm the participant is physically fit and has participated in training sufficient to prepare the participant to compete in the SWAT Fitness Challenge as described in the Annual Chandler Tactical Competition Manual.

Signature of Primary Chaperone: _____ Date: _____

Note to Chaperones: DO NOT return this form with your registration packet. You are however required to have this form in YOUR possession with your waivers at the time of check-in at the Host Hotel. Thank you for your cooperation!