

# Intent to Participate Form

*Every person attending the Contest must complete this form.*

**First Name:**

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**Last Name:**

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**Address:**

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**City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Phone Number: (Home)** \_\_\_\_\_

**(Work)** \_\_\_\_\_

**E-mail Address:**

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**Age / DOB:**

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**GENERAL WAIVER: ALL PARTICIPANTS** of the preliminary competition for the 2005 SportsCrew Sorority Contest

**MUST SIGN THE FOLLOWING STATEMENT FOR THEIR REGISTRATION TO BE ACCEPTED:**

I, the undersigned, intend to participate in the SportsCrew Sorority Competition Finals in Las Vegas August 19<sup>th</sup> – 21<sup>st</sup> 2005.

I agree that failure to show without proper notification of at least 2 weeks prior of August 1<sup>st</sup>, 2005 will result in the sponsor's donation and all prizes being forfeited / reimbursed by said model.

I hereby agree to hold harmless and disclaim any liability against the R&S Report Company, including their employees, representatives, agents, assigns, etc., as well as any dba SportsCrew sponsors. As a member of SportsCrew Sorority contestants, I understand that my conduct should reflect the highest level of sportsmanship, respect and decorum. I understand that the R&S Report Company is involved only in the management of the SportsCrew Sorority contest and is not responsible for other competitions during the contest, including but not limited to housing arrangements, food and beverage choices, rules and policies, transportation and all costs associated with those activities. I understand that if I compromise this pledge, I may be subject to disqualification. As a competitor, I am knowledgeable for the contest rules and regulations of which I have entered. As a competitor, I understand that any issues arising from my participation are to be promptly reported to SportsCrew Sorority authorities or management. I understand, to the extent possible, that I should not address the Sponsors or Judges of the contest without the involvement of SportsCrew management.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Printed Name:** \_\_\_\_\_