

Official Registration Form
September 18, 2019 – Duluth, MN



CONTACT INFORMATION:

Contact Person's Name: _____

Email: _____ Mobile#: _____

Utility Name: _____

Utility Address: _____

City: _____ State: _____ Zip: _____

AWWA Membership #: _____

TEAM INFORMATION:

Team Name as it should appear on signage:

Team Members:

1) First and Last Name (printed): _____

AWWA Member #

Indicate T-shirt size: M L XL 2XL 3XL

2) First and Last Name (printed): _____

AWWA Member #

Indicate T-shirt size: M L XL 2XL 3XL

REGISTRATION ATTACHMENTS: WAIVERS

Each team member must sign and return the attached waiver. Send completed registration forms and waivers to:

Steve Gilberg
3419 Coachman Road
Eagan, MN 55122
sgilberg@cityofeagan.com

Please note that all team members must register for the conference. Scholarships may be available in cases where team members require financial assistance to attend the conference. Inquiries should be made to Competitions Chair Chris Glassing (cglassing@american-usa.com)



American Water Works Association
MinnesotaSection

MN AWWA ANNUAL CONFERENCE HYDRANT HYSTERIA CONTEST - WAIVER



September 2019 - Duluth Convention Center - Duluth, Minnesota

Waiver, Release and Assumption of Risk

The undersigned MN AWWA Hydrant Hysteria contest participant releases the American Water Works Association, American Water Works Association Minnesota Section, manufacturers, sponsors, owners and Operators of equipment, machinery, any motor vehicles or press vehicles, and the officers, directors, agents, employees, volunteers, and lessors of any of the foregoing persons and entities, or otherwise, arising out of any damage, loss, injury or death of the undersigned while participating in any aspect of the Minnesota Section American Water Works Association Hydrant Hysteria Contest, whether a pre- or post-activity or the activity itself.

The undersigned also covenants with the aforementioned persons and entities not to sue any such person and entities for any such activity, including the negligence of any such persons and entities. I certify that I have represented by my application for entry that my overall condition is adequate to participate safely in the event and I hereby acknowledge that I am familiar with the rigors, and risk of the event(s) involved including, but not limited to, the possible damage, loss, or injury to or death of the undersigned. Although I acknowledge that the above persons and entities have no obligation to provide medical care as a result of a medical emergency, I hereby consent to such care and fully release the person(s) providing such care from any and all liability whether resulting from negligence or otherwise.

I authorize and consent to the publication by the American Water Works Association or any other sponsor, whether by television, newsprint, written advertisement, or otherwise, of any materials containing my name or picture. I release the sponsors and all persons acting under authority for any claims I might have due to initial or subsequent publication of any such photographs or materials.

The undersigned acknowledges the receipt of and has read the Rules and Regulations document as it applies to the Minnesota Section AWWA Hydrant Hysteria contest and agrees to comply with those rules and regulations.

I sign on behalf of myself and my heirs, personal representatives, and assigns.

Signature of Entrant: _____

Print Name: _____

Date: _____