



**Application fee for the 2019 Operations Challenge Competition is \$100 per team.**

Application and Waiver Statements are due by **February 22, 2019**

Application and Waiver Statements are to be sent to the following address:

**Operations Challenge  
SCEC  
121 Executive Center Drive, Suite 115  
Columbia, S.C. 29210**

**Check or Money Orders** for team applications are to be made out to:

**South Carolina Environmental Conference**

**Credit Cards are accepted; see registration form for details.**

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**Release & Waiver Forms:** To ensure competition eligibility, team members must complete and return the Release and Waiver forms

**Application:** Complete the entry application and mail in as instructed.

**Membership Reminder:** Each participating team member must be a member in good standing of the Water Environment Association of South Carolina as noted in Section I, Part B “Eligibility”. If team members are not members of the WEASC, please complete and submit a Membership Application with appropriate payment.

**Invitational Teams:** WEASC Membership eligibility does not apply to invitational teams. These teams are invited to foster cooperation, teamwork and networking between Associations. It is our pleasure to invite you to participate and we appreciate the learning opportunity your teams provide to our teams.



**REGISTRATION FEE: \$100.00 PER TEAM**

**Registration fee and signed waiver form and travel agreement must accompany this completed entry application.**

**Checks should be made out to the South Carolina Environmental Conference.**

**TEAM ENTRY APPLICATION**

<b>Sponsoring Organization/Agency/District:</b>		
<b>Team Name</b> (Must be provided, no changes after receipt of application):		
<b>Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Phone:</b> (     )	<b>Fax:</b> (     )	
<b>Email:</b>		

**TEAM INFORMATION**

<b>Team Coach / Alternate (Name):</b>
<b>Shirt Size:</b> S M L XL 2X 3X
<b>Team Caption (Name):</b>
<b>Shirt Size:</b> S M L XL 2X 3X
<b>Team Member (Name):</b>
<b>Shirt Size:</b> S M L XL 2X 3X
<b>Team Member (Name):</b>
<b>Shirt Size:</b> S M L XL 2X 3X
<b>Team Member (Name):</b>
<b>Shirt Size:</b> S M L XL 2X 3X

**Return the Waiver, Travel Agreement, Registration Form, and payment to the following address:**

Please type information provided to ensure information and names of participants are legible.  
Names above will be used "as typed" for Certificates of Participation.

**\*\*\*PARTICIPANTS MUST SIGN THIS FORM OR  
LOSE ELIGIBILITY TO COMPETE. NO EXCEPTIONS.**

**Operations Challenge  
SEEC  
121 Executive Center Drive  
Suite 115  
Columbia, SC 29210**



**SOUTH CAROLINA ENVIRONMENTAL CONFERENCE**

Myrtle Beach Convention Center, S.C.

March 10-12, 2019

**RELEASE & WAIVER STATEMENT**

The undersigned entrant in the 2019 South Carolina Environmental Conference Operations Challenge hereby releases the Water Environment Association of South Carolina; the South Carolina Section of the American Water Works Association; the City of Myrtle Beach; The Myrtle Beach Convention Center; spouses; owners and operators of shuttle motor vehicles; and other officers; directors; agents; employees; volunteers; and lessors of any forgoing persons or entities; or otherwise arising out of any damage; loss or injury to the undersigned while participating in any aspect of the 2019 Operations Challenge. The undersigned also covenants with the aforementioned persons and entities not to sue any such person or entities for any such activity, including negligence of any such persons or entities.

I certify that I have represented on my application for entry that my physical condition is adequate to compete safely in the competition, and hereby acknowledge that I am familiar with the risk involved with the event (s). Although I acknowledge that the above persons and entities have no obligation to provide medical care and have not undertaken the responsibility to do so, in the event medical care is necessary and received as the 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 sign on behalf of myself and my heirs, personal representatives and assigns.

1. Print Name of Coach/alternate: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date Signed: \_\_\_\_\_

2. Print Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date Signed: \_\_\_\_\_

3. Print Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date Signed: \_\_\_\_\_

4. Print Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date Signed: \_\_\_\_\_

5. Print Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date Signed: \_\_\_\_\_