

# SHERIFF TOM KNIGHT'S Corporate **SWAT** **CHALLENGE**

# TEAM **REGISTRATION**

## BENEFITTING THE SHERIFF'S ACTIVITIES LEAGUE OF SARASOTA COUNTY

**Team Name:** \_\_\_\_\_

Team Captain: \_\_\_\_\_ DOB: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Address: \_\_\_\_\_

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

**\* Each team must have a minimum of 5 members and maximum of 8.**

**\* ALL team members must be at least 18 years old to participate.**

*\* Each event requires at least one female participant.*

**\* Each team member must sign a copy of the SCSO Corporate SWAT Challenge Waiver prior to participation.**

**EMAIL TO DOUGLAS.JOHNSON@SARASOTASHERIFF.ORG**



**Sarasota County Sheriff's Office Corporate S.W.A.T. Challenge Release of Liability**

\_\_\_\_\_ states that he/she has agreed to participate in the Sarasota County Sheriff's Office Corporate S.W.A.T. Challenge on October 3, 2020. The undersigned has represented that he/she is fully aware that participation in the S.W.A.T. Challenge may pose risks to his/her personal well-being. The undersigned hereby assumes all risk of loss to his/her personal property and personal injury to him/herself.

Therefore, in full consideration of being allowed to participate in the Sarasota County Sheriff's Office Corporate S.W.A.T challenge the undersigned does hereby release, hold harmless and indemnify the Sheriff and all Sarasota County Sheriff's Office personnel, Sarasota County, event sponsors, volunteers, and agents from any and all liability to himself/herself or his/her heirs and dependents, whether direct or incidental, which might arise during said participation as a result of property loss and/or personal injury to the undersigned.

**SIGN THIS FORM ONLY AFTER CAREFUL READING AND REVIEW**

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**Signature**

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**Print Name**

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**Team Name**

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**Date**