

1st Annual Carolina Children's Charity CORNHOLE TOURNAMENT Registration Form



CUT HERE AND RETURN FOR REGISTRATION * PLEASE PRINT***ONE PERSON PER
ENTRY FORM ***PLEASE COMPLETE ENTIRE FORM**

**Mail and make checks payable to Carolina Children's Charity, 6296 Rivers Ave. Suite 300,
N. Charleston, SC 29406**

Name: _____

Team Name: _____

Street Address City State Zip Code

Phone: (_____) - _____ - _____ Email address: _____

Total Enclosed: \$ _____

Liability Waiver: Upon acceptance of my entry, I, for myself, my heirs and assigns, hereby release Carolina Children's Charity, the Charleston Harbor Resort and Marina, and any and all sponsors and officials of the Carolina Children's Charity 1st Annual Carolina Children's Charity Cornhole Tournament from any and all liability arising from illness, injury, or death I may suffer as a result of participation in this event. I attest that I am physically fit and have sufficiently trained for this event and I am aware that my participation could, in some circumstances, result in physical injury. Should officials determine that completion of this event would be injurious to my health, I consent to be removed and treated by the medical personnel in attendance of their direction. I give permission for free use of my name and picture in any broadcast, telecast, or written account of these events. I also understand that the entry fee is NONREFUNDABLE FOR ANY REASON and the event will take place rain or shine.

Signature: _____ Date: _____

Upon receipt of this registration form, you will receive information with the official rules via email or mail. Please call the CCC office at 843-554-6222 if you have questions regarding the event or need more forms or information.