



KENNESAW STATE UNIVERSITY

Owlympics 2024

Thursday, May 16, 2024 | 10 am to 12:00 noon

Kennesaw Convocation Center

Team Registration Form

Check-In: 9:15 to 9:45 am

Games Begin: 10:00 am

TEAM NAME and CAPTAIN'S NAME: (1) _____

CAPTAIN'S EMAIL and PHONE: _____

TEAM MEMBER PRINTED NAME	SIGNATURE	CAMPUS
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		

ALTERNATE PRINTED NAME	SIGNATURE	CAMPUS

The alternate is for anyone who is not able to attend for emergency reason/sick/etc. day of event.

CAPTAIN PRINTED NAME	SIGNATURE	CAMPUS

The captain will oversee gathering their team and giving directions and lining up correct number of players per game.

By signature on this form, you agree to abide by all Owlympics Game Rules and understand that rules infractions and/or unsportsman like conduct will disqualify the team and will result in forfeiture of all earned points. All signatures must be DocuSign signatures or wet ink signatures.

TEAM CAPTAIN: FOR THE TEAM TO BE QUALIFIED, THIS COMPLETED FORM AND **ALL SIGNED [LIABILITY WAIVERS](#) MUST BE SUBMITTED IN A SINGLE EMAIL TO hrevents@kennesaw.edu**. All team members including volunteer and alternate are required to sign a waiver and must be KSU staff/faculty only. **REGISTRATION DEADLINE IS 5:00 P.M. on Friday, MAY 3, 2024.**

OWLYMPICS 2024 MEMORANDUM OF UNDERSTANDING

Team Name: _____

1. By attending this Event, Owlympics 2024, you acknowledge and agree to grant Kennesaw State University (KSU) the right to record, film, and photograph or capture your likeness in any media now available or hereafter developed and to distribute, broadcast use or otherwise disseminate such media without any further approval from you or any payment to you. This grant includes, but is not limited to, the right to edit such media and the right to use the media alone or together with other information.
2. Each team must submit the 2024 Owlympics Team Registration Form with completed accompanying, signed liability waiver forms by **5:00 p.m. EDT on Friday, May 3, 2024.** The registration, the individually signed [liability waiver forms](#) and memorandum of understanding signed by the captain and team members, are to be scanned and emailed to hrevents@kennesaw.edu as a single packet. The first 18 teams to properly submit all documents as a single packet will be deemed qualified to participate. Teams 19-21 will be alternate teams.
3. **Team member changes cannot be submitted after 5:00 p.m. EDT, on Tuesday, May 14, 2024. Team member changes require submission of the registration and liability forms. Any team who cannot field a complete team comprised of seven “regular” members will forfeit participation in the games. Prior to May 14, the alternate and/or the volunteer can be moved to “regular” member status as long as the alternate and/or volunteer proper paperwork is received.**
4. Participants should wear comfortable clothing and must wear athletic shoes, but no cleats, metal, or plastic will be permitted. Participants are encouraged to dress alike and bring a change of clothing.
5. **All team participants must report to the Kennesaw Convocation Center Atrium with KSU employee ID cards to the check-in table between 9:15 am – 9:45 am.** Participants without KSU ID cards will not be allowed to participate and therefore, could disqualify the team. Team Captains have the option to photocopy team member ID cards ahead of time to present with all members present at check-in.
6. Teams not fully assembled at the Kennesaw Convocation Center Atrium in a timely manner will be disqualified and an alternate team will be permitted to participate in Owlympics instead.
7. The Owlympics Committee will rely upon good sportsmanship which places the responsibility of fair play upon the team members. Competitive play is expected, and encouraged, but NEVER at the expense of the bond of mutual respect between team members, adherence to the agreed upon rules of the games as discussed in Captains’

meetings, or the basic joy of play. **CHEATING WILL NOT BE TOLERATED.** Any instance of cheating will result in disqualification of the team and forfeiture of any previously awarded points.

8. Medals or other forms of recognition will be awarded to the winning team.
9. Teams are encouraged to have "Spirit Squads" to come out and cheer for them.
10. Alternate teams must be ready to participate on the day of the event should any other previously qualified team not be able to participate through disqualification or other event.

I have read and understand this memorandum and will convey its content to my team.

Team Captain Signature: _____ Date: _____



EVENT WAIVER AND RELEASE FORM

Event Title: 2024 Owlympics

Date: Thursday, May 16, 2024

Sponsoring Department:

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

I, the undersigned below, in consideration of my participation in the Event referenced above and any related activities thereto including training, preparation, and travel (separately and collectively, the “Event”), wherever the Event may occur, acknowledge that I am aware that as a result of my participation in the Event, there are inherent risks, hazards, and dangers including, but not limited to, property damage, bodily injury, and possible loss of life, that cannot be eliminated regardless of the care taken to avoid them, and I freely assume all risks associated with my participation.

In consideration of my participation in the Event and on behalf of myself and my heirs, executors, administrators, and next of kin, I hereby release, covenant not to sue, indemnify, hold harmless, and forever discharge Kennesaw State University, the Board of Regents of the University System of Georgia, all Event sponsors, and each of their respective parent, subsidiary, affiliated, or related companies, and the officers, directors, employees, agents, representatives, successors, assigns, and volunteers of each of the foregoing entities (collectively “the Released Parties”) of, from, and against all liabilities, claims, actions, damages, costs, and expenses of any nature arising out of, related to, or in any way connected with my participation in the Event and/or any such related and associated activities, including, but not limited to, all attorneys’ fees, costs of court, and the costs and expenses of other professionals and disbursements up through and including any appeal. I understand that this Waiver and Release includes any claims based on the negligence, action, or inaction of any of the Released Parties and covers bodily injury (including, without limitation, death), property damage, and loss by theft or otherwise, whether suffered before, during, or after such participation.

I declare that I have the skill level required to participate in the Event and/or any such related and associated activities. During the event, I agree that I will be bound by all rules, regulations, policies, procedures and guidelines of Kennesaw State University and the Board of Regents. I also acknowledge that persons employed by Kennesaw State University may take photographs and/or videos of my participation in the event and allow the use of these materials on behalf of the University without limitation or compensation, including the release of my name. I acknowledge that it is my responsibility to secure appropriate medical insurance and that no such coverage is provided by the Released Parties. I further authorize medical treatment for myself, at my cost, if the need arises. In the event of a medical emergency, I authorize Kennesaw State University to communicate my condition, medical treatment and/or surgical services received, and any other information the University reasonably deems appropriate with the person(s) identified as an Emergency Contact below. However, I understand and agree that notice to such contact(s) in advance of any medical treatment and/or surgical services is not required and may not be possible.

This Waiver and Release Form shall be governed by the laws of the State of Georgia, and any legal action related to or arising out of this Waiver and Release Form shall be commenced exclusively in Fulton County, Georgia. I understand that the acceptance of this liability waiver, release, indemnity, and promise not to sue the Released Parties, shall not constitute a waiver, in whole or in part, of sovereign or official immunity by any Released Party, its members, officers, agents, or employees.

I CERTIFY I AM EIGHTEEN (18) YEARS OF AGE OR OLDER AND THAT I HAVE READ, UNDERSTOOD, AND ACCEPT THE TERMS OF THIS WAIVER AND RELEASE.

Name (Please Print): _____

Emergency Contact Name and Phone Number: _____

Signature of Participant: _____ Date: _____