



SportsConnect

REGISTRATION FORM



Your Name _____ Today's Date _____

Home Address _____ Date of Birth _____

City _____ State _____ Zip _____

Home Phone# _____ Your Cell# _____

Your Email _____ Desired Roommate Name _____

Sports businesses, market segments and leagues/teams with which you have the most interest in being employed:

I, _____, grant permission and authorization for data, personal information, photographs, audio and video materials related to this Event to be released (and possibly posted electronically) to/for various potential employers, media outlets, partner entities, administrative personnel and the general public. I also understand that the data, information, photographs, audio and video materials are and will remain property of SportsWeave.

I hereby release, waive, indemnify, save, forever discharge and agree not to sue any of the other participants or staff at this Event, as well as SportsWeave, West Virginia University, The WVU College of Physical Activity and Sport Sciences, the City of Morgantown, the Lakeview Golf Resort and Spa, and any or all of their employees, officers, contractors, subcontractors, partners, sponsors, agents, affiliates, volunteers or assigns from all present or future claims that may be made by either me, my family, estate, heirs or assigns for property damage, property loss, theft, personal injury, bodily harm, wrongful death or any other potential liability arising as a result of participation in this Event (and possibly caused by the ordinary negligence of the parties listed above, wherever, whenever, or however same may occur).

In addition, I understand that engaging in any activity includes the inherent and substantial risk of personal injury or property damage. With respect to same, I agree to assume the complete risk of and responsibility for any injury or damage that may result from (or be related to) my participation.

I further represent that I have read and fully understand this document and, by signing it, am giving up legal rights and remedies.

Your Name (Printed) _____ Your Signature _____

Emergency phone number, if needed _____ Date _____

Registration (Fee: \$199.00) Receipt Deadline (we must receive it by this date): Wednesday, March 14, 2012
Late/On-site (Wednesday, April 11, 2012) Registration Fee: \$399.00

YOUR REGISTRATION CHECKLIST

- ☐ Yes ☐ No Is this REGISTRATION FORM completed and signed?
- ☐ Yes ☐ No Have you included your personal RESUME, including a brief (one paragraph) BIO?
- ☐ Yes ☐ No Have you included a copy of your cumulative GRADES TRANSCRIPT(s)?
- ☐ Yes ☐ No Have you included your individual PHOTO?
- ☐ Yes ☐ No Have you mailed a Check or Money Order (made payable to SportsWeave) with the above items?

SportsWeave
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