

REGISTRATION FORM (submit one for each participant)

Please, print. Illegible and/or incomplete forms will not be processed.

VUKCEVICH SUPER CUP (VSC)

Name of the Program

Date(s)

How did you hear about Vivacity Chess and about this program?

PARTICIPANT'S NAME (First/MI/Last)

SECTION

USCF Rating

USCF ID#

Exp. Date

HOME PHONE

WORK PHONE

CELL PHONE

E-MAIL

ADDITIONAL INFORMATION FOR YOUTH REGISTRATION

DATE OF BIRTH

GRADE

GENDER

GPA

SCHOOL NAME

SCHOOL DISTRICT

WAIVER

By signing this registration form, the undersigned hereby releases Vivacity, Inc. its officers, managers, organizers, agents, members, representatives, successors, assignees, coaches, tournament directors, instructors, employees, volunteers, owners, and sponsors, in their official and individual capacities from liability of any nature whatsoever which may be sustained or incurred by the participant or parents/guardians of participant in connection with the programs.

The undersigned grants permission to Vivacity to use the Participant's name, likeness, and/or comments, which may be used in publications and promotions without compensation to the Participant. The undersigned waives all rights to inspect and/or approve such publications and comments or voice-over commentary which may be used in conjunction with visual images and the uses to which they may be applied.

Vivacity personnel do not provide supervision outside of the playing hall.

Parent/guardian must supervise a student all the time while outside of the playing hall.

Sorry, no refunds. Participants assume all risk of changes in their personal affairs or health and no refunds will be made if Participant cancels. Refunds are issued ONLY if a tournament is canceled without being rescheduled.

Make check payable to VIVACITY, Inc.

If a check is not honored for any reason there is a \$35 service charge.

Send the form and payment (do not mail cash) to:

Vivacity, Inc.,
6568 Maplewood Dr., Suite # 201,
Cleveland, OH 44124

I HAVE READ AND FULLY UNDERSTAND ALL OF THE INFORMATION ABOVE.

X

SIGNATURE of PARTICIPANT (18+) or PARENT/GUARDIAN

DATE

NAME (Print) & RELATION to PARTICIPANT