

**HOMECOMING 2009**  
**TRIVIA**  
**Sunday, October 18, 2009**

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

**Division:**     \_\_\_     Residence Hall  
                  \_\_\_     Greek  
                  \_\_\_     Campus Organization

**Names of Participants:**

**Participant's Email:**

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**Entry forms are due by Friday, October 9 by 4PM to Career & Leadership Development.**

Hold Harmless forms signed by all participants are due no later than Sunday, October 18, 2009. You can only have up to ten people from your group participate in Trivia and the group must stay together throughout the competition.

Any questions concerning the Trivia should be directed to **Kyle or Lisa**, Homecoming Steering Committee, by leaving a message at Career & Leadership Development, 262-472-1471.

**\*\*\*\*\*HOMECOMING STEERING COMMITTEE USE ONLY\*\*\*\*\***

Date Entered: \_\_\_\_\_

Time Entered: \_\_\_\_\_

**GROUP NAME:** \_\_\_\_\_

UNIVERSITY OF WISCONSIN – WHITEWATER

**HOMECOMING TRIVIA HOLD HARMLESS AGREEMENT**

I, the undersigned, in full recognition and appreciation of any dangers and hazards inherent in my participation in the Homecoming Trivia Competition, do hereby voluntarily agree to assume all of the risk and responsibilities surrounding the participation and travel for the Homecoming Event. I do for myself, my heirs, and personal representatives hereby agree to defend, hold harmless, indemnify, release, and forever discharge the Board of Regents of the University of Wisconsin - Whitewater System, University of Wisconsin- Whitewater and all of its officers, agents, employees, and volunteers from and against any and all claims, demands, actions, or cause of actions of any sort on account of damage to personal property, personal injury, or death which may result from my participation in the Homecoming Trivia Competition. I further understand that any costs I may incur for medical treatment or illness or injury resulting from my participation shall be my sole responsibility.

I have read and executed this document with full knowledge of its significance.

In witness whereof I have caused this release and indemnification agreement to be executed this **18th day of October, 2009.**

\_\_\_\_\_  
Kimberly R. Clarksen  
Name of Witness

\_\_\_\_\_  
Signature of Witness

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**Additional Spaces on Reverse** 

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