

 Canal Days 19th Annual Battle of the Businesses • 2026 Registration Form

The 2026 Battle of the Businesses will be held Friday, September 18th from 6:00 – 7:30 PM as part of the annual Canal Days Celebration. **Registration forms must be received by August 21st. No late registrations will be accepted.** Games will take place on Main Street between 4th & 5th Streets. (Rain date is Saturday, September 19th from 6:00-7:30 p.m.)

Each team must have a minimum of 4 with a maximum of 6 members. Businesses are allowed a maximum of 3 teams. To be eligible, team members ***must be an employee of the business or a family member of an employee*** (if more members are necessary to make a team). All participants must be at least 16 years of age by September 18, 2026. **In the event there is a game that involves alcohol, all participants for that game must be 21 years of age.** Canal Days Committee and Battle of the Businesses are not liable for any accidents or injuries.

Team entry fee is **\$150**, which includes team t-shirts. A traveling Trophy will be given to the team with the highest total points. ***(Additional t-shirts may be purchased for \$10 each, note at bottom of registration form number and sizes.)***

Business Name _____ (exactly how you want to appear on shirts)

Address _____ Phone (_____) _____

E-mail address _____

T-Shirt Size (circle)

Team Captain _____ S M L XL XXL XXXL

Team Member _____ S M L XL XXL XXXL

Team Member _____ S M L XL XXL XXXL

Team Member _____ S M L XL XXL XXXL

Team Member (optional) _____ S M L XL XXL XXXL

Team Member (optional) _____ S M L XL XXL XXXL

Extra Shirts (indicate size and quantity, \$10 each) S M L XL XXL XXXL

Submit your completed registration form and entry fee to:

Delphos Canal Days – Battle of the Businesses

Dani Duncan

409 S. Clay St.

Delphos, OH 45833

You can also e-mail the form to danielledunc14@gmail.com and we will send an invoice

For more information contact Dani Duncan at 419-231-0099

Office use: Rec'd _____ Paid \$ _____ ck # _____

Delphos Canal Days – Battle of the Businesses
PO Box 48
Delphos, OH 45833

 Canal Days
19th Annual
Battle of the Businesses

2026

Friday, September 18th

(Rain date is Saturday, September 19th)

6:00-7:30 p.m.

On Main Street between 4th & 5th

LET THE GAMES BEGIN



— Past Winners —

- | | |
|------------------------------------|----------------------------------|
| 2007: Fischer Plumbing & Htg | 2017: Westrich Furniture |
| 2008: Vanarnatic Taeam #2 | 2018: Schnader Realty |
| 2009: Fischer Plumbing & Htg | 2019: Lakeview Farms Dip Dunkers |
| 2010: Downtown Fitness | 2020: COVID-19 |
| 2011: Beauty Unlimited/Topp Chalet | 2021: Vanarnatic |
| 2012: Westrich Furniture #2 | 2022: The Union Bank Co. |
| 2013: Downtown Fitness | 2023: Fickness O'Mine |
| 2014: The Union Bank Co. | 2024: Braun Industries 1711 |
| 2015: Lakeview Farms #1 | 2025: Raabe Ford |
| 2016: Lakeview Farms #2 | |

Delphos Canal Days

Battle of the Businesses

Accident Waiver and Release of Liability Form



I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH **BATTLE OF THE BUSINESSES**, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: DELPHOS CANAL DAYS and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;
- (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that DELPHOS CANAL DAYS and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person’s physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

PLEASE PRINT LEGIBLY

TEAM NAME: _____

PLEASE PRINT LEGIBLY

PARTICIPANTS:

Participant’s Signature	Date	Print Name	Age
Participant’s Signature	Date	Print Name	Age
Participant’s Signature	Date	Print Name	Age
Participant’s Signature	Date	Print Name	Age
Participant’s Signature	Date	Print Name	Age
Participant’s Signature	Date	Print Name	Age
Parent/Guardian’s Signature (If under 18 years old, Parent or Guardian must also sign.)	Date		
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