

*** Please fill out form and mail with entry to: Gainesville Sports Commission
300 East University Ave. Suite 100, Gainesville, FL 32601 or fax: 352-338-0600**

All participants must complete the Agreement, Release and Waiver of Liability in order to compete in the Gainesville Senior Games. Team entries MUST include copies of this form for each athlete that participates.

**2014 Gainesville Senior Games
Agreement, Release and Waiver of Liability**

In consideration of being permitted to participate in or assisting others in participating in the Gainesville Senior Games, and related events and activities, on behalf of myself, or a minor child or ward, heir, next of kin, personal representative, successor or assign;

I ACKNOWLEDGE, UNDERSTAND, DECLARE AND AGREE THAT:

To the best of my knowledge, I am in Good Physical Condition and have no disease or injury that would be aggravated by participating in activities related to the Games; Participating or assisting others in participating in the Games may involve RISK OF INJURY TO ME, INCLUDING DEATH, LOSS OR DAMAGE TO ME OR MY PROPERTY, or other consequences, which might result not only from my own actions, inaction or negligence but also the actions, inaction or negligence of others, the rules of play, or the conditions of the premises or of the equipment used; There may be OTHER RISKS not known or not reasonably foreseeable; and Understanding All of the Above.

I ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE:

The State of Florida or any of its agencies, the Gainesville Sports Organizing Committee, Inc., its commissioners, employees or volunteers, coaches, trainers, officials affiliated with the international organizations, agencies, sponsors, or advertisers, respective administrators, officers, directors, agents, representatives, employees, volunteers, coaches, trainers, officials, any other individuals affiliated with the Games;

Any affiliated subsidiary, successor, organization, or related companies or businesses, other participants, participating or sponsoring municipalities, governmental agencies, international organizations, agencies, sponsors, or advertisers, the respective administrators, officers, directors, agents, representatives, employees, or volunteers of such entities or organizations;

The National Senior Games Association (NSGA), the United States Olympic Committee (USOC) and/or their respective representatives, officers, directors, employees, agents, successors and assigns; Owners, lessors and lessees of premises used to conduct the Games FROM ANY AND ALL LIABILITY FOR INJURY, INCLUDING DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, OR ANY OTHER CONSEQUENCE in connection with entry in or arising out of participation in, performance in or lack of performance in including travel en route to and from the Games.

I FURTHER AGREE THAT: Prior to participating as an athlete, I, or in the case of a minor, a parent or guardian, will INSPECT the facilities and equipment to be used, and if I believe same to be unsafe, I will immediately REPORT such condition(s) to the athletic coach, supervisor, or official connected with the Games of same and either DECLINE TO PARTICIPATE or ASSUME THE RISK of participating;

I will ALLOW my PHOTOGRAPH, PICTURE or LIKENESS and/or VOICE to APPEAR in any official documentary, promotional (including any and all advertisements), television, radio or film coverage of the Games, WITHOUT COMPENSATION.

I CONSENT TO ALL EMERGENCY MEDICAL TREATMENT

As may be deemed appropriate under existing circumstances by medical personnel or personnel associated with the Games.

I HAVE READ THIS FORM IN ITS ENTIRETY AND HAVE PROVIDED TRUTHFUL INFORMATION.

Participant's Name (print), Participant Signature, & Date

INDIVIDUAL ENTRY FORM

Name: (First,Last)	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Florida Resident: Yes <input type="checkbox"/> No <input type="checkbox"/>
Address Street:	City:	State/Zip
Email:	Age:	Birthdate:
Phone Number:	T-Shirt Size: S: <input type="checkbox"/> M: <input type="checkbox"/> L: <input type="checkbox"/> XL: <input type="checkbox"/> XXL: <input type="checkbox"/>	
Emergency Contact Name:	Relationship to Applicant	Phone Number

Registration

	Event Code	Sport/Event	Partner	Partner Age	Entry Fee
1					\$15
2					\$5
3					\$5
4					\$5
5					\$5
6					\$5
7					\$0
8					\$0
9					\$0
10					\$0
Facility Fees	Bowling + \$8.00				
	Golf + \$25.00				
	Track and Field + \$5.00				
	Archery + \$5.00				
	Swimming + \$5.00				
	Cycling + \$5.00				
Total Enclosed=					\$

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3-ON-3 BASKETBALL TEAM ENTRY FORM

Team Name	Gender _____ Male _____ Female	Age of Youngest Player
Coach's/Manager's Name	Phone Day ()	Age Division ___ 50+ ___ 60+ ___ 70+
Email	Phone Number Evening ()	Phone Number Fax ()
Address Street	City	State/Zip
Number of T-Shirts for Team (write # by each size) S _____ M _____ L _____ XL _____ XXL _____		

Team Roster - cost for team is \$50

	Name	Address	Date of Birth
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
Total Enclosed			\$

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