



Individual Entry Form

FOR OFFICE USE ONLY	DATE REC _____
	AMT REC _____
	_____ # _____

Register online at SGA2015.com or complete entry form and send to [MAIL] State Games of America, P.O. Box 29366, Lincoln, NE 68529 [EMAIL] info@sga2015.com [FAX] 402-413-1119. If mailing entry form, please include complete payment. For security reasons, **do not fax or email credit card information**. If you wish to fax or email this form and pay via credit card, please call the SGA office at 402-471-2544 with payment info after faxing/emailing.

Consult your sport info at SGA2015.com to view eligibility requirements, entry fees, deadlines and special instructions before submitting completed entry form and payment.

▶ Participant Information

LAST NAME	FIRST NAME	PHONE #
ADDRESS	CITY	STATE ZIP
EMAIL	BIRTHDATE	GENDER

SHIRT SIZE (CIRCLE ONE) YOUTH: **S 6-8** **M 10-12** **L 14-16** ADULT: **S** **M** **L** **XL** **XXL (+\$1)** **XXXL (+\$2)**

SHIRT STYLE (SELECT ONE) **White Cotton Athlete Tee** (Free with registration) **Micro-Fiber Performance Tee** (+\$10.70)

PACKET SHIPPING/PICK-UP (SELECT ONE) **SHIP My Athlete Packet** (+\$7) **I Will PICK UP My Athlete Packet** (No Charge)

OPENING CEREMONIES TICKETS (SELECT ONE)

- I will attend the Opening Ceremonies and will walk in the Parade of Athletes
- I will attend the Opening Ceremonies but will not walk in the Parade of Athletes
- I will not attend the Opening Ceremonies

2015 STATE GAMES OF AMERICA ELIGIBILITY

In what STATE did you qualify? <input style="width: 100%;" type="text"/>	In what SPORT(S) did you qualify? <input style="width: 100%;" type="text"/>	In what YEAR(S) did you qualify? <input style="width: 100%;" type="text"/>
--	---	--

Note: NEBRASKA ATHLETES AND DEVELOPING SPORT ATHLETES ARE AUTOMATICALLY ELIGIBLE and can leave this eligibility section blank.

▶ Sport Information

SPORT

Clearly list your sport, the event(s) you wish to enter, along with the corresponding event code(s) and details, such as times, distances, or other special instructions listed in your sport info. If entering multiple sports, please use a separate entry form for each. If you have questions, refer to your sport info found at SGA2015.com.

DIVISION/EVENT NAME(S)	EVENT CODE(S)	DETAILS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

▶ Checkout Include a check made payable to 2015 State Games of America or enter credit card information below.

ENTRY FEE	\$ <input style="width: 80%;" type="text"/>	+	SURCHARGE <small>Per XXL (\$1) or XXXL (\$2) Shirt</small>	\$ <input style="width: 80%;" type="text"/>	+	SHIRT UPGRADE <small>\$10.70 Upgrade Optional</small>	\$ <input style="width: 80%;" type="text"/>	+	PACKET SHIPPING <small>\$7 Shipping Optional</small>	\$ <input style="width: 80%;" type="text"/>	+	DONATION <small>Tax Deductible and Optional</small>	\$ <input style="width: 80%;" type="text"/>	=	TOTAL \$ <input style="width: 80%;" type="text"/>
-----------	---	---	---	---	---	--	---	---	---	---	---	--	---	---	---

CHECK/CASH ENCLOSED **PAY WITH CREDIT CARD:** Visa MasterCard Discover American Express

CARDHOLDER'S NAME (PLEASE PRINT) _____ CARD NUMBER _____

CARDHOLDER'S SIGNATURE _____ EXPIRATION DATE _____ SECURITY CODE _____
[3-Digit Code on Back of Card]



INDIVIDUAL WAIVER AND RELEASE OF LIABILITY

THIS DOCUMENT IS IMPORTANT, SHOULD BE READ IN ITS ENTIRETY AND SIGNED.

In consideration of being allowed to participate in any way in the 2015 STATE GAMES OF AMERICA, the undersigned:

1. Agrees that prior to participating, he/she will inspect the facilities and equipment to be used, and if he/she believes anything is unsafe, will refuse to participate.
2. Acknowledges and fully understands that he/she will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from his/her own actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used.
3. Assumes all the foregoing risks and accepts personal responsibility for the damages following such an injury, permanent disability or death.
4. Releases, waives, discharges and covenants not to sue the NEBRASKA SPORTS COUNCIL, STATE GAMES OF AMERICA and/or NATIONAL CONGRESS OF STATE GAMES, affiliated clubs, respective administrators, directors, agents, coaches and other employees of the organizations, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from the demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
5. Understands the following refund policy: There will be NO refunds of entry fees because of inclement weather or other acts of nature. The only exceptions to the no-refund policy are: Entries received after the entry deadline; Entries of non-qualified entrants; Entries of those prohibited from participating due to errors made by the Nebraska Sports Council, State Games of America and/or National Congress of State Games; Special circumstances as determined on an individual basis by the Board of Directors and requiring board action. NO REFUNDS WILL BE PERMITTED SIMPLY BECAUSE AN ATHLETE FAILS TO PARTICIPATE.
6. Agrees to allow the Nebraska Sports Council, State Games of America and/or National Congress of State Games to photograph him/her during the 2015 State Games of America and to display his/her image in Nebraska Sports Council, State Games of America and/or National Congress of State Games promotions, including social media sites such as Facebook, Twitter, YouTube, Instagram, etc.
7. Pledges to adhere to the Nebraska Sports Council, State Games of America and National Congress of State Games standards of sportsmanship and respect opponents, coaches, officials and spectators at all times by not engaging in verbal or physical altercations at any time before, during or after competition.
8. Acknowledges that he/she is aware of the Concussion Awareness Law (LB 260) and understands that information is available at www.cdc.gov.
9. I agree that I qualify to participate in the State Games of America according to the eligibility rules listed on the 2015 State Games of America website (www.SGA2015.com).

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY. THIS FORM WAIVES LIABILITY FOR NEGLIGENCE. THIS AGREEMENT CANNOT BE MODIFIED ORALLY.

NAME (PLEASE PRINT)

SPORT

SIGNATURE (PARENT OR GUARDIAN MUST SIGN IF ENTRANT IS 18 OR YOUNGER)

DATE

Send completed form to:

[MAIL] Nebraska Sports Council, P.O. Box 29366, Lincoln, NE 68529

[EMAIL] info@sga2015.com

[FAX] 402-413-1119