



**Individual Agreement, Release and Waiver of Liability**

In consideration of being permitted to participate in or assisting others in participating in the Florida International Senior Games & State Championships or Florida's Sunshine State Games "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;

(1) I ACKNOWLEDGE, UNDERSTAND, DECLARE AND AGREE THAT:

- (a) 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;
- (b) 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 any equipment used;
- (c) There may be OTHER RISKS not known or not reasonably foreseeable; and Understanding All of the Above,

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

- (a) the State of Florida or any of its agencies, Enterprise Florida, Inc. and the Florida Sports Foundation, Inc., their commissioners, employees or volunteers, coaches, trainers, officials affiliated with the international organizations, agencies, sponsors, or advertisers, the respective administrators, officers, directors, agents, representatives, employees, volunteers, coaches, trainers, officials or any other individuals affiliated with the Games;
- (b) 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;
- (c) the National Senior Games Association (NSGA), the National Congress of State Games (NCSG) and/or their respective representatives, officers, directors, employees, agents, successors and assigns;
- (d) 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.

(3) I FURTHER AGREE THAT:

- (a) 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;
- (b) 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.
- (c) I have read and agree to the Florida Sports Foundation no refund policy.

(4) 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 Name (print)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

*Guardian signature required below if participant is under 18 years of age.*

\_\_\_\_\_  
Guardian Name (print)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

***All participants must complete the Agreement, Release and Waiver of Liability in order to compete.***

**FLORIDA SENIOR GAMES STATE CHAMPIONSHIPS  
MANDATORY ACCOMMODATION SURVEY INFORMATION**

This brief survey will need to be submitted at time of check-in in order to receive your athlete t-shirt. Surveys will be available on-site, but for your convenience, this form has been provided in advance. RqmCounty residents are not required to complete this survey.

Participant's Name \_\_\_\_\_

Cell or Day Phone (\_\_\_\_) \_\_\_\_\_ Hometown \_\_\_\_\_

Sports participating in \_\_\_\_\_

**If you are staying in a Hotel or RV Park complete this section. If not, complete the next section.**

Hotel or RV Park Name _____	
Hotel Phone or Location _____	
Check in _____ / _____ / _____ (month) (day) (year)	Departure _____ / _____ / _____ (month) (day) (year)

**If you are not staying in a Hotel or RV Park complete this section.**

Are you staying with a friend?	Yes	No
If yes, how many nights?	_____	
Are you driving in for the day?	Yes	No

*Thank you for your cooperation!  
If you have not made hotel reservations yet please call  
"LDUI rjdcncv\*783+4; 2/372: 'qt 'y y 0 rjdcridu&go "  
They are the official housing bureau & will help you find the best value & closest to your venues!*