



Liability Release and Waiver

I, intending to be legally bound for myself, my heirs, executors and administrators, waive and release any and all rights and claims against the Sonoma Wine County Games Local Organizing Committee, Council on Aging Services for Seniors, all sponsors, venues, and any and all persons and organizations affiliated therewith, for any and all injuries, disabilities or death suffered by me while traveling to and from, or participating in the Sonoma Wine County Games. I further state that I am in good physical condition and health, have consulted with a physician, as appropriate, and sufficiently trained for the events in which I will participate.

I understand that I as a volunteer, participant or spectator have a duty to advise authorized personnel of the Sonoma Wine Country Games or the providing facility personal of any unsafe conditions, equipment or environment and will refuse to participate if such condition persists.

I agree to abide by all rules, regulations and procedures issued by the Sonoma Wine Country Games including: observe all rules of play, to exercise good sportsmanship, to decline from the use of violent, offensive and abusive language and behavior, and to follow all written and oral instructions given by authorized personnel of the Games including instructions by officials. I agree and understand that failure to do so may result in ejection from the Games.

I understand that the Sonoma Wine County Games has a General Liability Policy for the event. This insurance covers medical costs only when an accident or injury is caused by negligence on the part of the games. It is expressly understood that this insurance does not cover: property loss, damage to the participant, or medical costs if an accident or injury occurs during the normal routine of competition or during travel to and from competition. Each participant is responsible for his or her medical insurance.

In the event I sustain injury or illness while participating in the Sonoma Wine Country Games, I hereby authorize licensed medical personal to perform or administer to me on an emergency basis any first-aid, medications, medical treatment or surgery that they in good faith deem necessary. All expenses incurred due to injury or illness will be performed at your expense including transport by ambulance.

I grant Sonoma Wine Country Games and their photographers permission to use my likeness in a photograph in any and all of its publications, including websites, without payment or any other consideration. I understand these materials will become the property of Sonoma Wine Country Games and may be altered, edited, copied, exhibited, published or distributed for the purpose of publicizing the Sonoma Wine Country Games now and in the future. I waive any right to royalties or other compensation.

I have read this release and before signing below and fully understand the contents, meaning and impact of this release.

Signed _____ Date _____

Printed Name _____ Date _____



Registration

Registration Deadline: 1 week before event—individual sports
2 weeks before event—team sports
Register online at: www.winecountrygames.com
All athletes are entered as individuals **no team registration**

Name: _____ Male: ☐ Female: ☐
Mailing Address: _____ City: _____ State: _____ ZIP: _____
Email: _____ Phone : _____ Cell: _____
Birth Date: _____ Age as of 12/31/17: _____
T-Shirt Style: ☐ Unisex ☐ Women (fitted) T-Shirt Size: S M L XL XXL OptOut
Emergency Contact Name: _____ Phone: _____
Emergency Contact Relationship: _____

Fees & Payment

Registration Fee (*Partners and team members must register separately*) \$45

Swimming ~ June 10 9 am, Quinn Swim Center, Santa Rosa Junior College

☐ Non-Master swimmer Number of events _____ X \$3 _____
☐ US Masters Swimmer # _____

All events are timed finals. Time seeded for Masters & non-Masters swimmers

Events: listed in meet order

<u>Event</u>	<u>Seed Time</u>	<u>Event</u>	<u>Seed Time</u>	<u>Event</u>	<u>Seed Time</u>
1. <input type="checkbox"/> 200 Free (\$3) _____		5. <input type="checkbox"/> 50 Back (\$2) _____		9. <input type="checkbox"/> 50 Free (\$3) _____	
2. <input type="checkbox"/> 100 IM (\$3) _____		6. <input type="checkbox"/> 500 Free (\$3) _____		10. <input type="checkbox"/> 200 IM (\$3) _____	
3. <input type="checkbox"/> 50 Fly (\$3) _____		7. <input type="checkbox"/> 50 Breast(\$3) _____		11. <input type="checkbox"/> 100 Free (\$3) _____	
4. <input type="checkbox"/> 100 Breast(\$3) _____		8. <input type="checkbox"/> 100 Back (\$3) _____		12. <input type="checkbox"/> 1650 Free (\$3) _____	

Total

Make Checks Payable & Mail to: **Sonoma Wine Country Games**

30 Kawana Springs Rd., Santa Rosa, CA 95404

Credit Card: ☐ VISA ☐ MasterCard

Signature: _____

Date: _____

Credit Card Number: _____

Expiration: _____