2017 Lake Senior Games Registration Form Lawn Bowling – Thursday April 13th

(Please Print) Each Athlete Must Fill Out Their Own Form								
Name (last)		(First)			Male	Female	Birthdate_	
AddressNumber		The second second			7.			
Number	Street		apt/lot#	City		State	Zip Code	
Phone ()		_Cell ()		_E-Mail _			
Emergency Name			Emergency	/# <u>(</u>)			
Lawn Bowling								
Note: Lawn Bowling								
TOTAL REGISTRAT Sign entry to indicate yo	ION FEE Sou have read	d & understo	ood waiver f	form:	Ciamatura of	manistanad marki	almont	Date
	"A Cm	oiol Inv	ritation	To Do	Good	registered parti	cipant	
"A Special Invitation To Do Good" RELEASE OF LIABILITY - PLEASE READ BEFORE SIGNING								
Participants must read and complete the Release of Liability in order to participate in Lake Senior Games								
In consideration of being allowed to participate in any way in the Lake Senior Games program, its related events and activities: I the undersigned acknowledge, appreciate, and agree that: The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and I KNOWINGLY AND FREELY ASSUME ALL SUCH RISK, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and								
I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of Lake Senior Games or their representative immediately; and								
I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE LAKE SENIOR GAMES, their officers, volunteers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used for the ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss of damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.								
I FURTHER AGREE THAT: I CONSENT TO ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with Lake Senior Games.								
I will ALLOW my PHOTOGRAPH, PICTURE, or LIKENESS and/or VOICE to APPEAR in any official documentary, promotional (including any and all advertising), television, radio, or film coverage of the Lake Senior Games, WITHOUT COMPENSATION.								
I UNDERSTAND THAT I I ADDED RULES OF THE O I HAVE READ THIS RELI UNDERSTAND THAT I H ANY INDUCEMENT.	CODE OF CO	ONDUCT. ABILITY AND	ASSUMPTI	ON OF RISI	K AGREEM	ENT, FULLY	UNDERSTAN	D ITS TERMS.
Print Participants Nar	ne				Da	te		_
Participants Signature					Da	te te		

If mailing entry forms: Mail entry and Release of Liability to: Lake Senior Games, Inc. P.O. Box 121437 Clermont, Florida 34712-1437. To register online go to: www.lakeseniorgames.com