



2010 Individual Entry Form

PARTICIPANTS LEGAL NAME

_____ Sex: _____
 Last First MI M F

_____ City Zip code
 Street

_____ Birth date (01-01-1952)
 Phone Cell Phone/Alternate Phone

_____ Email Address

_____ Emergency Contact Name and Phone Number

Please indicate shirt size: S M L XL XXL XXXL

	Sport	Partner Name	Partners DOB/Gender	Early Reg. Per Event Fee \$20.00 Late Reg. Per Event Fee \$25.00
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13			Total Fees=	

*****Early registration November 4, late registration after and before Nov. 11**

Agreement, Release and Waiver of Liability

In consideration of the acceptance of my application to participate in West Valley Senior Games, I hereby, for myself, my heirs, executors, administrators, and assigns do hereby release, waive, and/or forever discharge any and all rights, claims, and causes of action for damages that may be suffered by me as the result of my preparation for and/or participation in Arizona Senior Olympics.

I recognize and voluntarily accept all risks associated with my participation in the event, no matter how remote or unlikely. I realize that my activity may well include serious bodily injury, catastrophic spinal injury (including total or partial paralysis), permanent impairment, brain damage, and even death. I recognize that these injuries may be sustained by me from falling, tripping, being pushed, running, striking or being struck by a spectator, another participant, a vehicle, equipment used in the event, and the like.

As an adult, I take full responsibility for my participation in this event and for the level at which I choose to participate. I have no impairment, physical or mental, that should preclude my participating in this event at the level that I choose. I am physically fit and capable of participating in this event at the level I choose. I understand that I can remove myself from participating in this event at any time I choose to do so.

I do not expect Luke West Valley Recreation Committee, partnering cities, its agents, volunteers, officers, employees, any partner cities or sponsors to coach, manage, instruct or train me for this event. I recognize that it is my personal responsibility to learn, prepare, understand and obey the rules for this activity or event.

Prior to participating as an athlete I 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 Registration Coordinator connected with the Games of same and either decline to participate or assume the risk of participating.

The undersigned expressly agrees that the foregoing Waiver and Release of all claims is intended to be as broad and inclusive as is permitted by the laws of Arizona and that if any portion thereof is held invalid it is agreed that the balance shall notwithstanding, continue in full legal force and effect.

I assume all of the above risks and release, waive, discharge, hold harmless indemnify and covenant not to sue Luke West Valley Recreation Committee, it's Board, employees, volunteers, coaches, trainers, officials, partner cities and sponsors, or others affiliated with the Games.

Further, I grant full permission to use my photograph, picture, likeness and/or voice to appear in any official documentary, promotional (including any and all advertisements), television, and 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, the undersigned, have carefully read and voluntarily signed this hold-harmless Waiver and Release of all claims and fully understand its contents and meaning as full waiver and release of all claims, liability and indemnity for West Valley Senior Games, The City of Avondale (a municipal corporation), its agents, volunteers, officers, employees, and any partner cities and sponsors.

**** I have read the Waiver of Liability and I agree to its terms**

Participants Signature

Payment Information (Entries will not be accepted without payment)

- I am paying by check
 I am paying by **Credit Card**: Visa Master Card

Credit Card No.:

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Expiration Date: ___/___ 3 digit Code on back of card _____

Name as it appears on you credit card: _____

Billing Address: _____

Signature: _____

You will be charged by the City of Avondale Services

For Office Use Only:

Name on check

Signed by

Amount of check: \$ _____

CK#: _____

Bank# _____

Date Rec'd _____