



24th Annual Senior Games Registration Form

Please complete both sides

All Registrations must be fully completed and have waiver portion signed. Any unsigned waiver will be returned to sender. Please complete both sides of registration form and include registration fee of \$7.00 and any additional fees. Make checks payable to Hoosier Uplands, and mail to the following address: Hoosier Uplands, Attn: Vera Hall, 521 West Main Street, Mitchell, IN 47446. If you have questions call (812) 849-4457 or (800) 333-2451. People with hearing/speech disabilities please call GTE's TRS, (800) 743-3333.

NAME _____ AGE _____ MALE/FEMALE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTY _____ PHONE _____

EMERGENCY CONTACT _____ PHONE _____

FREE T-shirt to first 100 participants to register! Please Check () your size:

M () L () XL () XXL () XXXL ()

THIS SECTION MUST BE SIGNED BY EACH PARTICIPANT

All of the sponsors of Senior Games strongly recommend that each participant consult his/her physician in regard to practice, preparation and competition in this program or any similar physical activity.

LIABILITY WAIVER

I, the undersigned participant, hereby agree to indemnify and hold harmless Hoosier Uplands Economic Development Corporation/Area XV Agency on Aging and all other sponsors, their agents, employees, or representatives from any and all actions, or claims of whatsoever kind or nature which I or my representative or assigns may have or at any time in the future have as a result of any injury arising out of my participation in the 2010, Area XV Senior Games.

I warrant and represent to the sponsors that I have prepared myself for the events that I have entered by practicing the same prior to my participation in the Games.

I warrant and represent that I am in good physical health and condition and I am physically able to compete in the events I have selected. I know of no physical restrictions whatsoever which would prohibit my participation in the event I have selected. The sponsors have advised me that it would be in my best interest to consult my physician prior to my preparation in regard to my participation in the Senior Games. I recognize and understand that the preparation and the competition may necessitate strenuous physical activity and could possible activate any unrecognized pre-existing cardiovascular disorder, which I may have, thereby resulting in serious or life-threatening physical harm to me.

I understand that I am to wear my ID badge at all times when I am participating.

The sponsors have my permission to have a physician to treat me if needed during my participation in the events of the Senior Games. I agree and consent to the use of photographs and interviews to be used for publicity and advertising by the Senior Games, and I waive all claims for any compensation for such use.

I have read and will abide by, the general rules that are available at event sites.

SIGNATURE _____ DATE _____

Registration Deadline is September 3, 2010