

TSGO | Winter - Trail Run Entry Form

The State Games of Oklahoma

Athlete must complete form and sign waiver before entry is accepted.

Athlete Information

First Name _____ Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

E-Mail Address _____ Phone _____

Male _____ Female _____ D.O.B./_____/_____ Age (on day of competition) _____

Emergency Contact _____ Emergency Contact's Phone #(_____) _____

Distance

4 mi (\$35) _____ 8 mi (\$45) _____ 12 mi (\$50) _____

Shirt Size

YM _____ YL _____ S _____ M _____ L _____ XL _____ XXL _____

AMATEUR ATHLETIC WAIVER, MEDICAL CONSENT, AND RELEASE OF LIABILITY

On behalf of myself, or a minor in which I serve as a parent and/or legal guardian, in consideration of being allowed to participate in any way in The State Games of Oklahoma events and activities, the undersigned: 1. Agree that prior to participating they will inspect the facilities and equipment being used, and if they believe anything is unsafe, they will immediately advise the coach, or supervisor of such condition(s) and refuse to participate. 2. Acknowledge fully that each participant will be engaging in activities that involve risk or serious injury, including permanent disability and death, and a severe social and economic losses which might result not only from their own actions, inactions, or negligence, but the action, inactions, or negligence of others, the rules of play, or the conditions of the premises, or any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time. 3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability, or death. 4. Release, Waiver, Discharge, and Covenant not to sue The State Games of Oklahoma, its affiliated clubs and Board of Trustees, The City of Oklahoma City, The Oklahoma Municipal Improvement Authority, The National Congress of State Games, The National Congress of State Games Board of Directors, Coaches, and other employees of the organization, or other participants, hereinafter referred to as "Release" from any and all liability to the undersigned his or hers heirs, and next of kin for any and all claims, demands, losses or damages on account of injury, including death, or damage to property caused or alleged to be caused in whole or in part by the negligence of the Releasee or otherwise. 5. In the event that I sustain injury or illness while participating in The State Games of Oklahoma I hereby authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by any medical personnel. I also give permission for attending medical personnel to execute on my behalf my permission forms or other necessary medical documents and to act on my behalf if I am not immediately available to do so.

(IF ATHLETE IS UNDER 18 YEARS OLD, PARENT/GUARDIAN SIGNATURE IS REQUIRED BELOW)

TYPE OR PRINT NAME OF ATHLETE _____

ATHLETE'S SIGNATURE (OR PARENT/GUARDIAN) _____

DATE SIGNED _____