#### PRINT NAME

## THIS FORM MUST BE FILLED OUT BY ATHLETIC AND SILVERARTS PARTICIPANTS

# LIABILITY WAIVER

#### AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the Greater Greensboro Senior Games athletics/sports program, and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3. 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 the nearest official immediately; and,
- 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE GREATER GREENSBORO SENIOR GAMES, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, volunteers, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
- 5. By entering the Greater Greensboro Senior Games, I grant GGSG and its sponsors the right to use my name, quotes and any pictures taken of me during events without remuneration.
- 6. I understand that it is my responsibility to check with my local Senior Games Coordinator immediately following my local Senior Games to determine if I qualified for State Finals and to get a State Finals Entry Packet if I do not have internet access. My State Finals registration with payment and all required items must be received in the NCSG office in Raleigh by 11:59 p.m. on August 1st! I understand that this deadline is strictly enforced in fairness to all and it is my responsibility to make sure I am registered.
- 7. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending the program and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, city employees, volunteers, and program participants and their families.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PRINT NAME

SIGNATURE

DATE

N.C. Senior Games, Inc. requests the information below. It will be kept confidential. My ethnicity:

\_\_\_Black or African American \_\_\_\_Asian \_\_\_\_American Indian or Alaska Native \_\_\_\_White \_\_\_\_Native Hawaiian or Other Pacific Islander \_\_\_\_Hispanic \_\_\_\_Unknown/Refused

# HEALTH INFORMATION REQUIRED FOR ALL ATHLETES AND ARTISTS

We are committed to creating a healthy and safe environment for all participants, staff, and spectators. We request that every participant consult his/her doctor in regard to preparation for, and competition in, Senior Games or any similar activity. Please inform GGSG at the time of the games of any changes in your health status.

Name of Personal Physician:		Phone:
Emergency Contact: (required)		
Name:	Relationship:	Daytime Phone:
Name:	Relationship:	Daytime Phone:

COMPLETE BOTH SIDES

### PRINT NAME

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### \*\*\*\*\* OPENING CEREMONIES \*\*\*\*\*

Everyone is invited to *Opening Ceremonies* on Tuesday, April 5 at 9 am at the Greensboro Sportsplex, located at 2400 16<sup>th</sup> Street. Please indicate below if you will attend.

### \*\*\*\*\* SILVERARTS SHOWCASE and RECEPTION \*\*\*\*\*

Everyone is invited to the *SilverArts Showcase and Reception* at the Greensboro Cultural Center, located at 200 N. Davie St. Park in the parking deck on Church St next to Central Library. The SilverArts Showcase will be held Wednesday, May 11 from 11 am to 1 pm. The Performing Arts Show is at 11 am with the Reception following.

### \*\*\*\*\* AWARDS LUNCHEON \*\*\*\*\*

All participants are invited to attend the Awards Luncheon to receive their medals on Thursday, May 19 at 12 pm at Smith Active Adult Center, located at 2401 Fairview Street. The Awards Luncheon is \$5 per person for participants and guests. Please indicate below if you will attend, and if you will bring a guest.

REGISTRATION FEE	(ALL Participants Must Pay)		10.00 =
<b>OPENING CEREMONIES</b>		Χ	FREE =
GOLF FEE (includes cart)	•		25.00 =
MINI GOLF FEE			5.00 =
BOWLING FEES (includes	s shoes)		
SINGLES			5.00 =
DOUBLES			5.00 =
MIXED DOUBLES			5.00 =
3-on-3 BASKETBALL PLA	YER FEE		5.00 =
AWARDS LUNCHEON			5.00 =
AWARDS LUNCHEON GU	IEST (only 1 guest)		5.00 =
SILVERARTS SHOW AND	RECEPTION	X	FREE =
TAX DEDUCTIBLE DONA	TION TO SENIOR GAMES		\$
т	TOTAL AMOUNT ENCLOSED		\$
CHOOSE T-SHIRT SIZE: (	Sizes are men's/unisex sizes)		
Small		(	To register culine, so to
Medium			To register online, go to
Large			torch.ncseniorgames.org Create your account,
XL			and choose Greater
2XL			Greensboro Senior Games.
3XL			Creensboro Senior Games.
4XL			
NO SHIRT			

 Please fill out Registration and Waiver Forms completely, include a check payable to "City of

 Greensboro" for all fees, and mail to:
 GREATER GREENSBORO SENIOR GAMES

 2401 FAIRVIEW STREET
 GREENSBORO, NC 27405



Greater Greensboro Senior Games is sanctioned by N.C. Senior Games, Inc. N.C. Senior Games, Inc. is sponsored statewide by the N.C. Division of Aging and Adult Services.

COMPLETE BOTH SIDES