

THIS CONSENT FORM MUST BE SIGNED AND RETURNED WITH REGISTRATION FORM

WAIVER AND RELEASE OF LIABILITY/MEDICAL AUTHORIZATION & CONSENT

RECITALS

I acknowledge and fully understand that by participating in the Washington State Senior Games, I will be engaging in activities or competition that may involve serious risks including bodily injury, permanent disability and death and severe social and economic losses which might result not only from my own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or the conditions of the premises or any equipment used; and that there may be other risks not known or not reasonably foreseeable.

I further acknowledge and fully understand that the sponsors of the Washington State Senior Games have contributed to make this event possible for the enjoyment and satisfaction of the participants and spectators, and not for their own personal gain and/or economic benefit, and that such sponsors do not accept any responsibility or liability for any of the above described risks.

AGREEMENT

In consideration of my being allowed to participate in the Washington State Senior Games, I hereby represent and agree as follows:

Agreement to Abide by Rules and Regulations:

I agree to abide by all rules and regulations issued by the Washington State Senior Games to observe all rules of play, to exercise good sportsmanship and follow all written or oral instructions given by authorized personnel of the Games. I agree that failure to do act may result in my disqualification or rejection from the Games.

Assumption of Risks:

Except as otherwise specifically agreed herein, I assume all of the risks described in the Recitals section above and accept personal responsibility for any and all damages of any kind resulting from any injury, permanent disability and/or death.

Authorization for Emergency Medical Care:

In the event I sustain injury or illness while competing in the Washington State Senior Games, I hereby authorize licensed medical personnel to perform or administer to me on an emergency basis any first-aid, medication, medical treatment or surgery that they in good faith deem necessary. I also give permission for attending emergency medical personnel to execute on my behalf my permission forms or other necessary medical documents and to act in my behalf if I am unable to do so and if no other person is present who is legally authorized to consent to emergency treatment for me.

Consent to Use Pictures or Recording of Participant and Release of Liability with Respect Thereto:

I hereby give the Washington State Senior Games the absolute and unconditional right and permission to copyright and or publish, or use at its discretion, photographic portraits or pictures of me, or in which I may be included in whole or in part, or in my own or a fictitious name, including reproductions thereof in color or otherwise, made through any media, for art, advertising trade, visual documentary, promotional, television, radio or film coverage or any other lawful purpose whatsoever, without compensation to me. I hereby waive any and all rights to inspect and/or approve the finished product or the copy that may be used in connection therewith, or the use to which it may be applied. I hereby release, discharge and agree to hold Released Parties harmless from and against any and all liability whatsoever, including but not limited to blurring, distortion, alteration, optical illusion resulting from its use in composite form, whether the same shall be intentional or otherwise, that may result or which may be produced in the taking of said pictures, or in any processing tending towards or resulting in the completion of the finished product.

Duty to Advise of Unsafe Conditions:

Prior to participating in any Senior Games events, I will inspect the facilities and equipment to be used, and if I believe anything is or may be unsafe, I will immediately advise authorized personnel of the Senior Games and will refuse to participate as long as such condition persists.

Participant's Current Physical Condition and Health:

I am in good physical condition and health, have properly conditioned myself, and have consulted with a physician, as appropriate, regarding my participation in the Washington State Senior Games events.

Release of Liability:

I hereby release, waive all claims of liability against, discharge and hold harmless the Washington State Senior Games, its affiliated organization, its sponsors and their respective affiliates, subsidiaries, administrators, officers, directors, owners, principals, employees, agents, coaches, volunteers (including, without limitation, volunteers providing medical and/or health-related services), advertisers and, if applicable, owners and lessors of premises at which events are conducted (all of the foregoing released parties are collectively referred to herein as Released Parties), from any and all liability to the undersigned, my heirs and next of kin, for any claims, demands, causes of action, losses or damages, on account of bodily injury, death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the persons or entities hereby released, and/or by the negligence of other participants, spectators or other third parties, in connection with my participation in the Washington State Senior Games events or activities.

I have read the above waiver and release in its entirety. I understand that the captions and titles used above are for convenience of reference only and in no way define, limit or describe the scope or intent of the foregoing provisions. I understand that I am giving up substantial rights by signing this document and hereby acknowledge that I am signing voluntarily.

**EVERY PLAYER MUST PRINT & SIGN
THEIR NAME ON THE FACE OF THIS
WAIVER FORM**

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