

REGISTRATION FORM: RETURN THIS SECTION with CHECK or MONEY ORDER for fees to: **Central District Senior Olympic Games, c/o Rapides Senior Citizens' Centers, 209 East Shamrock St, Pineville, LA 71360**

DO NOT STAPLE CHECK OR MONEY ORDER TO FORM

1 PARTICIPANT INFORMATION

Please Print

LAST NAME _____ FIRST NAME _____ SEX _____

NAME USED MOST OFTEN (nick name) _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Parish _____ Social Security xxx xx _____

Home Phone (____) _____ Work Phone (____) _____ Cell (____) _____

2 PARTICIPANT WAIVER & MODEL RELEASE SIGN BELOW

In consideration of being allowed to participate in any way in the Central District Senior Olympic Games program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury to me 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 I observe any unusual significant concern in my readiness for participation and/or in the program itself, 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/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE the Central District Senior Olympic Games Inc, its officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of the premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my involvement or participation these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I, the undersigned participant, grant to the Central District Senior Olympic Games and Rapides Senior Citizens Center, Inc. the right to use any pictures taken of me during the Senior Olympic Games without my remuneration and in any medium the photographer/staff sees fit for art, advertisement, exhibition, editorial, or any purpose whatsoever.

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.

SIGNATURE _____ PRINTED _____ DATE _____

EMERGENCY CONTACT: NAME _____ Phone (____) _____

REGISTRATION DEADLINE: Entry must be received 10 days prior to event.

REGISTRATION DEADLINE: JULY 14, 2017

Mail Registration Forms (pgs 1&2) and Check to:

Central District Senior Olympic Games

209 East Shamrock St.

Pineville, LA. 71360

Make checks payable to: Central District Senior Olympic Games

Fees	Event	Fee Amt.	Amt. Submitted
1. District Basic Fee		\$15.00	
2. Additional Fees	Pickleball	\$10.00	
4. Contribution	Tax Deductible	\$	
Total Amt. Enclosed			\$

EVENTS YOU WISH TO PARTICIPATE IN:

_____ DOUBLES – PARTNERS NAME: _____

_____ MIXED DOUBLES – PARTNERS NAME: _____

_____ SINGLES

July 28 @ 6:00 pm - Dinner Social @ Prather Coliseum

Attending: Yes or No

If yes, how many guests - _____

FOR MORE INFORMATION CONTACT LILA LODRIGE @

318-527-3435 OR 318-379-2620

NOTE: PRACTICE JULY 28 @ 2-5 PM – PRATHER COLISEUM