

Softball Waiver Form

28th Annual Kansas Senior Olympics

Mail or deliver completed form to:

Kansas Senior Olympics
1534 SW Clay Street
Topeka, KS 66604
785-368-3798

Last Name _____ First Name _____ MI _____
(For athletes that compete in more than one state games, please register using the same first name)

Male Female Birth Date (Month, Day, Year) _____ Age _____
(as of December 31, 2011)

Address _____ City/State/Zip _____ County _____
(Kansas Only)

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____ email address: _____

Emergency Contact Information:

Name _____ Relationship _____ Phone _____ - _____ - _____

Physician's Name _____ Phone _____ - _____ - _____

I, _____, the undersigned, being of lawful age and intending to be legally bound, hereby for myself, executors and administrators, waive and release any claim I have against the City of Topeka and any of its departments, employees or authorized representatives, for any injuries which I may sustain by my participation in the Kansas Senior Olympic activities and events. I agree to hold harmless the City of Topeka and any of its departments, employees or authorized representatives from any and all costs, liabilities, damages, expenses, suits, judgments and claims of any nature resulting from or in connection with my participating in Kansas Senior Olympic activities and events. I understand that the City of Topeka assumes no liability for my conduct as a participant in the Kansas Senior Olympic activities and events, except for those liabilities covered by insurance policies otherwise maintained through the City. I also do hereby give the City of Topeka and the Department of Parks and Recreation the absolute right to copyright, publish, and or use photographic images of me, or in which I am included in whole or in part, or composite or distorted in character or form, unidentified or identified with my own or fictitious name. Such photographic images or reproductions thereof may be in color or otherwise and made through any media of art, advertising, trade or any lawful purpose whatsoever.

Participants Signature _____ Date _____

FOR OFFICIAL USE ONLY

Date Received _____ Entry Check Number _____ Donation Check Number _____

Date entered in the computer _____ Date entry was acknowledged _____