

2018 Orienteering Entry Form



Registration Instructions

1. Consult the sport information pages at www.sunflowergames.com for complete registration instructions.
2. Mail completed entry form and payment to: Sunflower State Games, 501 SE Jefferson, Suite 22, Topeka, KS 66607. Fax to 785-235-1308 or Email to admin@sunflowergames.com
3. Registration deadline is July 14th. Entries received after the deadline will not be accepted or charged a \$5 late fee.
4. For Two Person Teams, each participant must complete and submit an entry form/waiver separately.
5. Commemorative t-shirts will only be distributed to participants who register prior to July 1st.

PARTICIPANT INFORMATION

Name: (First) _____ (Last) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ - _____ - _____ Evening Phone: _____ - _____ - _____ Gender: M / F

Email Address: _____

Birthdate: ____ / ____ / ____ T-Shirt Size: S M L XL 2XL 3XL

This section for Two Person Teams Only. Please note that each partner must submit a separate entry form, waiver & payment.

Partner's Name: _____

Team Name: _____

EVENT INFO.

Please check the appropriate division:

<p>Long Course:</p> <p><input type="checkbox"/> Male 21-60</p> <p><input type="checkbox"/> Female 21-60</p> <p><input type="checkbox"/> Male 61+</p> <p><input type="checkbox"/> Female 61+</p> <p><input type="checkbox"/> Two Person Team Open (all ages)</p>	<p>Short Course:</p> <p><input type="checkbox"/> Male (all ages)</p> <p><input type="checkbox"/> Female (all ages)</p> <p><input type="checkbox"/> Two Person Team Open (all ages)</p>
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PAYMENT INFO.

Entry Fee	\$20	Make check/money order payable to SSG or enter credit card information below.		
2XL/3XL (\$2)	\$ _____	Check <input type="checkbox"/>	Cash <input type="checkbox"/>	Master Card <input type="checkbox"/> Visa <input type="checkbox"/>
Late Fee	\$ _____	Credit Card Number _____		
Donation	\$ _____	Expiration Date ____ / ____		
TOTAL	\$ _____	Name as it appears on card _____		

Absolutely NO Refunds given. Consult Bracket Fill Policy for more information.

Office use only

PD _____ PM _____ Amount Received _____ Check # _____ ID# _____

Sunflower State Games Individual Sport Waiver

This document is important, must be read in its entirety and signed before any athlete is allowed to participate.

Printed Name

Sport

MANDATORY WAIVER: In consideration of being allowed to participate in, or assisting others in participating in the Sunflower State Games athletic program, its related events and activities, the undersigned acknowledge, appreciate, and agree 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 hereby consent to allow my picture and/or voice or likeness to appear in any official documentary, promotional, exclusive television, radio or film coverage of the Sunflower State Games in any manner incidental to my participation in the Sunflower State Games and without compensation to me; and,
5. I, for myself, and on behalf of my heirs, assigns personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Sunflower State Games, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, 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.
6. I understand the following refund policy: There will be no refunds of entry fees except for entries received after the deadline, entries received after the maximum number of participants have been registered, or if there are not enough participants to form a division. No refunds will be permitted simply because an athlete fails to participate or for in climate weather.
7. I pledge to adhere to the Sunflower State Games standards of sportsmanship and respect opponents, coaches, officials and spectators at all times by not engaging in verbal or physical altercations at any time before, during, or after competition.

I have read this release of liability and assumption of agreement, fully understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without inducement. I also understand that I must provide my own personal injury insurance.

Date

Participant's Signature

Age

FOR PARTICIPANT OF MINOR AGE (under 18 at time of registration) This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided about of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Date

Parent/Guardian's Signature