

Name:	Male L Female L			
Mailing Address:				
City:	State:	Zip:	DOB:	
Email:	Phone Number:			
	T-Shirt Size: \square Small \square	Medium □Large	□XL □XXL	
<u>C</u>	HECK EACH EVENT PER SPO	ORT YOU PLAN TO	PARTICIPATE IN	
	<u>2022 San</u>	ctioned Games		
Age Division: \square 50-54 \square !	55-59	70-74 🗆 75-79 🗆 8	80-84 □85-89 □90-94 □95-99 □100	
			r – 1290 Belle Terre Pkwy. tner)	
]	\square Golf (Thurs. 9/22) Palm F	larbor Golf Club –	100 Cooper Ln.	
	ickleball (Fri. – Sun. 9/23-9/a bles □Mixed Doubles (Nar		18 Florida Park Dr. tner)	
Registration Fee (Per S	port): \$20.00	Tot	tal Fees: \$	

2022 INDEMNIFICATION, HOLD HARMLESS AND RELEASE FOR THE PALM COAST AND THE FLAGLER BEACHES 2022 SENIOR GAMES

I, the undersigned individual, desire to participate in the PALM COAST AND THE FLAGLER BEACHES 2022 SENIOR GAMES (Sr. Games). I acknowledge that the SR. GAMES is a test of a person's physical and mental limits and it carries with it potential for death, serious injury, and property loss. I HEREBY ASSUME THE RISKS OF PARTICIPATING IN THE SR. GAMES. I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised otherwise by a qualified health professional. I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns, or anyone else who might claim or sue on my behalf and I expressly acknowledge that it is my intent to take these actions. I hereby:

- (a) AGREE to abide by the competitive rules adopted by SR. GAMES;
- (b) AGREE that prior to participating in this Event, I will inspect the race course, facilities, equipment, and areas to be used and if I believe any to be unsafe I will advise the person supervising the event, activity, facility, or area;
- (c) WAIVE, RELEASE, AND DISCHARGE FROM ANY AND ALL CLAIMS, LOSSES, OR LIABILITIES FOR DEATH, PERSONAL INJURY, PARTIAL OR PERMANENT DISABILITY, PROPERTY DAMAGE, MEDICAL OR HOSPITAL BILLS, THEFT OR DAMAGES OF ANY KIND, INCLUDING ECONOMIC LOSSES AND LOST OR STOLEN



ITEMS, WHICH ARISE OUT OF OR RELATE TO MY PARTICIPATION IN, OR MY TRAVELING TO AND FROM THE EVENT, THE CITY OF PALM COAST, ITS EMPLOYEES, VOLUNTEERS, AND AGENTS, EVEN IF SUCH CLAIMS, LOSSES, OR LIABILITIES ARE CAUSED BY THE NEGLIGENT ACTS OR OMISSIONS OF THE PERSONS I AM HEREBY RELEASING OR ARE CAUSED BY NEGLIGENT ACTS OF ANY OTHER PERSON OR ENTITY;

- (d) ACKNOWLEDGE that there will be traffic on the course route, and I ASSUME THE RISKS OF CYCLING AND PARTICIPATING IN THIS EVENT. I ALSO ASSUME ANY AND ALL OTHER RISKS associated with participating in this event, including but not limited to, falls, contact or crashes with other participating in this event, weather including heat or humidity, defective equipment, the condition of the roads and railroad crossings, water hazards, and any hazard that may be posed by spectators or volunteers, all such risks being known and appreciated by me, and I further acknowledge that these risks include risks that may be the negligence of the persons or entities mentioned in paragraph (c) or other person or entities;
- (e) AGREE NOT TO SUE ANY OF THE PERSONS OR ENTITIES MENTIONED ABOVE IN PARAGRAPH (c) for any of the claims, losses, or liabilities that I have waived, released or discharged herein;
- (f) INDEMNIFY AND HOLD HARMLESS THE PERSONS AND ENTITIES MENTIONED IN PARAGRAPH (c) for any and all claims made or liabilities assessed against them as a result of my actions or inactions;
- (g) GRANT PERMISSION for the use of my name and/or likeness relating to my participation in the SR. GAMES event, and I waive all right to any future compensation to which I may otherwise be entitled as a result of the use of my likeness by the City;
 - (h) UNDERSTAND and accept that my entry fee is non-refundable under any circumstances; and
- (i) AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, AND THAT I HAVE READ THIS DOCUMENT AND UNDERSTAND ITS CONTENTS.

<u>Mail filled out copy to: Parks & Recreation – Senior Games 305 Palm Coast Parkway NE, Palm</u> Coast, 32137

Printed Name:			
Signature:	Date:		
Official Use Only:			
Submitted Date:	Staff Initial:	Scan date:	