

Portneuf Medical Center
Southeast Idaho Senior Games

2021 Softball Registration Form

**Individual Registration
Forms and Team
Rosters due by
July 9, 2021**

Please Print Clearly: (Use Only One Form per Person)

First Name _____ Last Name _____ Email Address _____

Mailing Address _____

City _____ State/Prov _____ Postal Zip Code _____ Phone _____

Emergency Contact _____ Emergency Contact Phone _____

_____: I agree to follow the CDC and Venue Guidelines concerning COVID at the time the Softball Tournament begins on August 13.
(Please Initial)

Gender: Male Female (Age categories will be based on age as of Dec 31, 2021) Date of Birth _____

✓ Each Team member must fill out a form and sign the Participant Agreement. **(Please read before signing)**

✓ For more event information visit www.seidahoseniorgames.org

Team Name: _____

Portneuf Medical Center Southeast Idaho Senior Games Participant Agreement Acknowledgement and Assumption of Risk and Release of Liability

In consideration of my participation in the 2021 Portneuf Medical Center Southeast Idaho Senior Games (SEISG) , I the undersigned acknowledge and fully understand that by participating in the SEISG, I will be engaging in activities or competitions 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 of any equipment used; and that there may be other risks know or unknown. I understand that while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist.

I further acknowledge and fully understand that all the sponsors and volunteers of the Portneuf Medical Center Southeast Idaho 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 said risks.

I declare that I am physically fit and have the skill level required to participate in this particular event. I further authorize medical treatment for myself at my cost if the need arises.

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 SEISG official immediately.

I knowingly and freely agree to assume such risks associated with my participation in the SEISG , both known and unknown, even if arising from the negligence of the releases or others , and I assume full responsibility for any and all damages of any kind resulting from any injury, permanent disability and/or death.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby waive all claims of liability against and hold harmless SEISG, its affiliated organizations, its sponsors including, but not limited to their respective affiliates, subsidiaries, administrators, officers, directors, owners, principals, agents, employees, coaches, volunteers, advertisers and if applicable owners or lessors of premises at which events are conducted (Released Parties) from any and all liability 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 cause in whole or in part by the negligence of the persons or entities hereby released or otherwise. I further agree to on behalf of my heirs, assigns, personal representative and next of kin to indemnify and hold each of the released parties harmless against any and all such liabilities, claims, actions, damages, costs or expenses including, but not limited to, all attorney's fees and disbursements.

I further grant SEISG, their sponsors and marketing partners as well as the media the right to photograph, videotape and/or otherwise record me and further to use my name, face, likeness, voice, appearance, and personal data for any purpose including, but not limited to, exhibitions, publicity, advertising and promotional materials without reservation or limitation. Said parties are, however, under no obligation to exercise the rights set forth in this paragraph.

This agreement shall be governed by the laws of the State of Idaho and any legal action relating to or arising out of this Agreement shall be commenced and maintained in the Sixth Judicial District, County of Bannock, State of Idaho. The parties hereto consent to the jurisdiction of such court and to service of process outside of the State of Idaho.

I have read this acknowledgement and assumption of risk and release of liability waiver in its entirety. I understand that I am giving up substantial rights by signing this document and hereby acknowledge that I am signing voluntarily without any inducement.

Print Legal Name

Signature

Date