



Both Sides of this form must be completed and Waiver must be signed. May be photocopied.

### ONLINE REGISTRATION

- [www.stategamesoforegon.org](http://www.stategamesoforegon.org)
- It's fast, easy and convenient
- No computer at home? Register from work, school or the library!

## INDIVIDUAL ENTRY FORM

mail entry/fee to State Games of Oregon  
4840 SW Western Ave, Ste 900, Beaverton OR 97005

ENTRY FEE	\$
<b>ADDITIONAL EVENTS</b>	
#of Events:	Total: \$
LATE FEE	\$
<b>FRIENDS OF THE GAMES</b>	
I would like to contribute:	\$
TOTAL ENCLOSED \$	

## ATHLETE INFORMATION Please print clearly

LAST NAME		FIRST NAME		MI
MAILING ADDRESS				
CITY		STATE	ZIP	
PHONE (DAY)		PHONE (EVE)		E-MAIL
AGE	DATE OF BIRTH	GENDER	CLUB (Fencing, Gymnastics)	T-SHIRT SIZE: ADULT

## SPORT SELECTION Check the sport you wish to enter:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> AR Archery              | <input type="checkbox"/> FT Free Throw Shooting/Basketball                        | <input type="checkbox"/> SK Skateboard/Slalom             |
| <input type="checkbox"/> BA Badminton            | <input type="checkbox"/> GA Gymnastics/Artistic<br>(List Club Name <sup>2</sup> ) | <input type="checkbox"/> SJ Swimming/Juniors              |
| <input type="checkbox"/> BC Bocce                | <input type="checkbox"/> JU Judo  | <input type="checkbox"/> SM Swimming/Masters <sup>3</sup> |
| <input type="checkbox"/> BO Bowling              | <input type="checkbox"/> PI Pickleball  | <input type="checkbox"/> SS Synchronized Swimming         |
| <input type="checkbox"/> DI Diving               | <input type="checkbox"/> RS Skating: Roller & Inline                              | <input type="checkbox"/> TS Table Soccer                  |
| <input type="checkbox"/> EQ Equestrian           | <input type="checkbox"/> SH Shooting  | <input type="checkbox"/> TT Table Tennis                  |
| <input type="checkbox"/> FC Fencing <sup>1</sup> |   | <input type="checkbox"/> TF Track & Field                 |

<sup>1</sup> Fencing: Rating \_\_\_\_\_ <sup>2</sup> Gymnastics Club \_\_\_\_\_ **Swimming/Masters:**   
USMS # if applicable

## EVENT DETAILS

CODE <small>See specific sports information online</small>	DESCRIPTION/DIVISION	BEST TIME 12/13 <small>(SJ, SM, TF)</small>	BEST SCORE <small>(if needed)</small>	PARTNER <small>(BA, PI, TS, TT)</small>



AMATEUR ATHLETIC MINOR and/or ADULT  
**WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in the Oregon Amateur Sports Foundation's (OASF) athletic and/or sports program and related events and activities, the undersigned:

1. Agree that a) the participant or b) the parent(s) or legal guardian(s) will instruct the minor participant that prior to participating he/she should inspect the facilities and equipment to be used, and if he/she believes anything is unsafe, he/she should immediately advise his/her coach or supervisor of such condition(s) and refuse to participate;

2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time;

3. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death;

4. Release, waive, discharge and covenant not to sue the OASF, its affiliated clubs, their respective administrators, directors, agents, coaches, volunteers, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, the National Congress of State Games, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his/her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise. In the event of injury, the athlete will pay all medical costs.

5. I hereby consent to allow my picture, voice or likeness to appear in any official documentary, promotional exclusive television, radio or print film coverage of the State Games of Oregon in any manner incidental to my participation and without compensation to me.

**I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.**

**Waiver must be signed before participation in any OASF event.**

\_\_\_\_\_  
Athlete's Name (print)

\_\_\_\_\_  
Athlete's Signature

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Parent/Guardian Signature  
(if athlete is under 18 years of age)

\_\_\_\_\_  
Date

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