Georgia Games Official Individual Athlete Form & Waiver

Equestrian

Athlete Information: _____

Last Name First Name Middle Initial

Street Address/Apt #_____

_____

City/Town **County** **State** **Zip**

Phone Numbers: _____

Daytime Evening Cell Phone

Email Address: _____ **School Name:** _____

Date of Birth: (M/D/Y)_____**Gender:** _____ **T-Shirt Size** (Youth: YS, YM, YL or Adult: -AS, AM, AL, AXL, AXXL)**:** _____

EMERGENCY CONTACT INFORMATION: Name: _____**Phone:**_____

Class	Dressage	x-Country	Stadium	Dressage Only
Pre-Amoeba	USDF Intro A	Pace Course/ No Jumping	12" Max/ Not Timed	Pre-Intro A (walk)
Amoeba	USDF Intro B	24"Max/Not Timed	24" Max/ Not Timed	USDF Intro Test A
Tadpole	USDF Intro C	2'3" Max / 275 mpm	2'3" Max/ 250 mpm	USDF Intro Test B
Beg. Novice	Beg. Novice Test A (2010)	2'7" Max/ 325 mpm	2'7" Max/300 mpm	USDF Intro Test C
Novice	Novice Test A (2010)	2'11" Max/ 375 mpm	2'11" Max/ 325 mpm	USEF Training Level 1
Training	Training Test A (2010)	CT Only	3'3" Max/325 mpm	USEF Training Level 2
Preliminary	Preliminary Test A (2010)	CT Only	3'6" Max/ 350 mpm	USEF Training Level 3 Any other tests available upon request.

AGREEMENT, RELEASE AND WAIVER OF LIABILITY

In consideration of being permitted to participate in or assisting others in participation in the Georgia Games Championships ("Championships")/District Sports Festivals, and related events and activities, on behalf of myself, or a minor child or ward, heir, next of kin, personal representative, successor or assign;

(1) I ACKNOWLEDGE, UNDERSTAND AND DECLARE THAT:
- (a) To the best of my knowledge, I am in GOOD PHYSICAL CONDITION and have no disease or injury that would be aggravated by participating in activities related to the Championships;
- (b) Participating or assisting other in participating in the Championships may involve RISK OF INJURY TO ME, INCLUDING DEATH, LOSS OR DAMAGE TO ME OR MY PROPERTY, or other consequences, which might result not only from my own actions, in actions or negligence but also the actions, in actions or negligence of others, the rules play, or the conditions of the premises or of any equipment used;
- (c) There may be OTHER RISKS not known or not reasonably foreseeable; and Understanding All of the Above,

(2) I ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE:
- (a) The State of Georgia or any of its agencies, District Sports Festivals, the Georgia State Games Commission, the Georgia Sports Foundations, its Commissioners, its Board of Directors, its employees, agents, volunteers, coaches, trainers, or officials affiliated with their programs;
- (b) Any affiliated subsidiary, successor, organization, or related companies or businesses, other participants, participating or sponsoring municipalities, governmental agencies, international organizations, agencies, sponsors, or advertisers, the respective administrators, officers, directors, agents, representatives, employees, or volunteers of such entities or organizations;
- (c) The National Congress of State Games (NCSG), the Southeast Sports Festival, the United States Olympic Committee (USOC) and/or their respective representatives, officers, directors, employees, agents, successors and assigns;
- (d) Owners, lessors and lessees of premises used to conduct the Games FROM ANY AND ALL LIABILITY FOR INJURY, INCLUDING DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, OR ANY OTHER CONSEQUENCE in connection with entry in or arising out of participation in, performance in or lack of performance in, including travel en route to and from the Championships.

(3) I AGREE THAT:
- (a) Prior to participating as an athlete, I, or in the case of a minor, a parent or guardian, will INSPECT the facilities and equipment to be used, and If I believe same to be unsafe, I will immediately REPORT such condition(s) to the athletic coach, supervisor or official connected with the Championships of same and either DECLINE TO PARTICIPATE or ASSUME THE RISK of participating;
- (b) I will ALLOW my PHOTOGRAPH, PICTURE or LIKENESS and/or VOICE to APPEAR in any official documentary, promotional (including and all advertisements), television, radio or film coverage of the Championships, WITHOUT COMPENSATION.

(4) I CONSENT TO:
- (a) ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with the Championships. I HAVE READ THIS FORM IN ITS ENTIRITY AND HAVE PROVIDED TRUTHFUL INFORMATION.

_____ _____ Date_____

Name of Athlete (print) Signature of Athlete (if at least 18 years of age)

_____ _____ Date _____

Name of Parent/Legal Guardian if Athlete is a minor (print) Signature of Parent/Guardian, Individually and in the capacity