

2019 Wyoming Senior Winter Games

Participant Registration Form

Any person turning 50 ON or BEFORE December 31, 2019 is eligible to participate



ATHLETE'S INFORMATION

NAME (last, first): _____

D.O.B: _____ AGE (as of Dec. 31, 2019): _____

GENDER: MALE FEMALE

VEST SIZE: XS S M L XL

MAILING ADDRESS: _____

PHONE: _____

EMAIL: _____

EMERGENCY CONTACT

NAME (last, first): _____

PHONE: _____ RELATION: _____

DOCTOR: _____ PHONE: _____

REGISTRATION INFORMATION

REGISTRATION FEE: \$50 \$_____

(Registration fee includes all events offered to participants, including Saturday's banquet. Space availability at the banquet is not guaranteed after Feb. 1)

Please check the meals you plan to attend and the number of guests (non-participants) that will accompany you. **(Note fees for guests)**

_____ Saturday Evening Banquet
 _____ # of guests banquet (\$20.00/each)

Total for Guests \$_____

Donation \$_____

Form of Payment:

_____ Cash _____ Check

Total Amount \$_____

Thursday, February 7

_____ 12:00 Fat Bike Race (5K)
 _____ 2:00 Singles Pickleball

Friday, Feb. 8 – Saturday, Feb. 9

_____ 1 Mile Walk

Friday, February 8

_____ 8:00 Gender Doubles Pickleball
 _____ 9:00 Sprint Snowshoe
 _____ 10:00 Nordic Classic (**select ONE**)
 _____ 2.5K _____ 5K _____ 10K
 _____ 10:00 Slalom
 _____ 2:30 Swim Meet

25 meter: _____ Butterfly _____ Backstroke
 _____ Breaststroke _____ Freestyle
 _____ Side Stroke _____ Elementary Backstroke

50 meter: _____ Butterfly _____ Backstroke
 _____ Breaststroke _____ Freestyle
 _____ Side Stroke _____ Elementary Backstroke

100 meter: _____ Backstroke _____ Breaststroke
 _____ Freestyle _____ Side Stroke
 _____ Individual Medley (IM)

200 meter: _____ Backstroke _____ Breaststroke
 _____ Freestyle _____ Individual Medley (IM)

Relays (mixed gender): _____ 100 Medley
 _____ 100 Free _____ 200 Free _____ 100 Inner Tube

* Participants are limited to 5 individual events and 1 relay (excluding the inner tube relay).

Saturday, February 9

_____ 7:30 Speed Skating - Open
 _____ 8:00 Hockey Shoot – Open
 _____ 9:30 Nordic Freestyle (Citizen's Race)
(select ONE) _____ 2.5K _____ 5K _____ 10K
 _____ 11:00 2.5K Snowshoe
 _____ 12:30 Giant Slalom
 _____ 2:00 Mixed Doubles Pickleball

PARTNER: _____

All alpine events will require purchase of a lift ticket (in addition to registration):

1 DAY: \$30

2 DAY: \$56 (buy 2 days get Sunday FREE!)

WYOMING SENIOR WINTER GAMES
RELEASE OF LIABILITY - READ BEFORE SIGNING

The Wyoming Senior Winter Games and its sponsors strongly recommend that each participant consult his/her doctor in regards to practice, preparation and competition in this program.

In consideration of being allowed to participate in the Wyoming Senior Winter Games, its related events and activities, I, _____, the undersigned, acknowledge, appreciate, and agree that:

The risk of injury from the activities involved in the Wyoming Senior Winter Games is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and, 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, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE WYOMING SENIOR WINTER GAMES, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

STATEMENT OF PHYSICAL CAPABILITY

I warrant and represent to the sponsors that:

I am in good physical health and condition and am physically able to compete in the events I have selected;

I know of no physical restriction whatsoever which would prohibit my participation in the events that I have selected. I acknowledge that I have been advised by the sponsors that it is strongly recommended that I consult my physician prior to my participation in the Wyoming Senior Winter Games; and

I recognize and understand that the preparation and the competition may necessitate strenuous physical activity and could activate any unrecognized pre-existing cardiovascular disorder, which I may have, thereby resulting in serious or life threatening physical harm to me.

PUBLICITY CONSENT

I authorize the Wyoming Senior Winter Games to use or publish my likeness in any form. I waive any right to inspection or for any compensation.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature: _____ Age: _____ Date Signed: _____

Send Completed Registration Form, Release of Liability, & Payment To:

Wyoming Senior Winter Games

P.O. Box 1480