

Individual/Doubles Entry Form

2020 Senior Olympic Festival—Jan 6 – Feb 1, 2020

Please type or print legibly (front and back side)

First Name	Middle	Last Name	Birthdate	Age (as of 12/31/20)	Gender
Address		City	State	Zipcode	
Phone		Alt. Phone	Email		
Emergency Contact	Phone	Relation			

Doubles ONLY: Please enter your partner's information below

First Name	Middle	Last Name	Birthdate	Age (as of 12/31/20)	Gender
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Individual/Doubles Event Registration Information

	Event Name	Course Code #	Cost

_____ **Cash Payment**

_____ **Payment by check: Please make checks payable to: "City of Tucson"**

Send Registration and payment to: **920 S. Randolph Way, Tucson, AZ 85716**

**Shirts are no longer included in the registration fee, please indicate the quantity and size you would like to order
(include partner if necessary)**

Extra Fee:	Qty.		
Pins	___x \$2	Total Cost for Activities	\$_____
Small T-Shirt	___x \$5	Total Cost for Extras	\$_____
Medium T-Shirt	___x \$5	Donation to SOF	\$_____
Large T-Shirt	___x \$5		
X-Large T-Shirt	___x \$5		
XX-Large T-Shirt	___x \$5		
XXX-Large T-Shirt	___x \$5	*Total Payment	\$_____

Agreement, Release and Waiver of Liability

This Agreement, Release and Assumption of Risk is hereby, freely, voluntarily and without duress executes this release under the following Release and Waiver:

I, the undersigned, hereby agree to indemnify, save and hold harmless the City of Tucson, the Pima County Natural Resources and Parks and Recreation Department, Senior Olympic Festival Committee, or any of their sponsors, agents, or representatives of my health, safety, or any injury related to, or arising from any participation in the Senior Olympics Festival.

I understand, with more than 100 events in over 35 sports/activities being conducted in one month, that some scheduling conflicts and long competition days are unavoidable. I have prepared myself for the events which I have entered by practicing prior to the Festival. To the best of my knowledge and belief, I have no physical and/or medical restrictions which would prohibit my participation in the events I have selected.

I understand that the Released Parties do not assume responsibility or obligation to provide financial assistance or any other assistance in the ASSUMPTION OF RISK

The City of Tucson Parks and Recreation Department has my permission to administer first aid and/or CPR if the Parks and Recreation staff on site deem such treatment necessary. I understand that not every event has a City of Tucson Parks and Recreation staff or First Aid/CPR trained event coordinator present. I understand that in any case of emergency, 911 will be called to administer professional treatment.

I hereby grant the City of Tucson Parks and Recreation Department permission to record my likeness and/or voice for use by the television, films, radio, or printed media to further the aims of the City of Tucson Parks and Recreation program in related campaigns and magazine articles, booklets, posters and in any other ways it may deem appropriate.

Print Name: _____

Signature: _____ Date: _____