



Pain Institute
of Southern Arizona

Team Entry Form

Senior Olympic Festival—January 6– 28, 2024

Captain's Name	Middle	Last	DOB	Age (as of 12/31/24)	Gender
Address		City	State	Zip Code	
Phone	Alt. Phone	Email			
Emergency Contact		Phone	Relation		

Individual Event Registration Information (Basketball 3-on-3, Bocce, Slow pitch Softball, and Volleyball Only)

Event Name: _____ Course Code: _____ Team Name: _____

TEAM ROSTER			
Name	Phone	Shirt Size	DOB

Extra Fee:

Qty.

Pins _____x \$3
Small T-Shirt _____x \$7
Medium T-Shirt _____x \$7
Large T-Shirt _____x \$7
X-Large T-Shirt _____x \$7
XX-Large T-Shirt _____x \$7
XXX-Large T-Shirt _____x \$7

_____ Cash Payment

_____ **CheckPayment: Please make checks payable to: "City of Tucson"** Send Registration and payment to:
920 S. Randolph Way, Tucson, AZ 85716

Please indicate the quantity and size you would like to order (include partner if necessary).

Total Cost for Activities \$ _____
Total Cost for Extras \$ _____
Donation to SOF \$ _____
***Total Payment** \$ _____

TEAM ROSTER CONTINUED

Name	Phone	Shirt Size	DOB

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: _____