



PARTICIPANT INFORMATION

Name: (First) _____ (Last) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Day Phone: _____ - _____ - _____ Evening Phone: _____ - _____ - _____ Gender: M / F

Email Address: _____

Birthdate: ____ / ____ / ____ Age: _____

Send completed form and waiver to:
 Mail: Sunflower State Games, 501 SE Jefferson St., Ste. 22
 Topeka, KS 66607
 Fax: 785-235-1308
 Email: admin@sunflowergames.com

Kick off your Holiday Season with a stroll through the glistening lights of Winter Wonderland!

DATE: Saturday, November 19th
SITE: Lake Shawnee - Reynolds Lodge
TIME: Registration 3:30 pm
 Race 5:30 pm

Entries must be received by Thurs., November 17th at 5:00 p.m.
 Day of entries accepted with \$5 late fee
 Visit www.sunflowergames.com for complete event details.

EVENT INFO.

EVENT: 5K Run 5K Walk *Please check the appropriate event and division:*

DIVISION:

U10 11-14 15-19 20-29 30-39

40-49 50-59 60-69 70-79 80+

PAYMENT INFO.

Entry Fee **\$25** Make check/money order payable to SSG or enter credit card information below.

Late Fee \$ _____ Check Cash Master Card Visa

Donation \$ _____ Credit Card Number _____

Expiration Date _____ / _____

TOTAL \$ _____ Name as it appears on card _____

Absolutely NO Refunds given.

Office use only

PD _____ PM _____ Amount Received _____ Check # _____ ID# _____

Sunflower State Games Individual Sport Waiver

This document is important, must be read in its entirety and signed before any athlete is allowed to participate.

Printed Name

Sport

MANDATORY WAIVER: In consideration of being allowed to participate in, or assisting others in participating in the Sunflower State Games athletic program, its related events and activities, the undersigned acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. 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,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I hereby consent to allow my picture and/or voice or likeness to appear in any official documentary, promotional, exclusive television, radio or film coverage of the Sunflower State Games in any manner incidental to my participation in the Sunflower State Games and without compensation to me; and,
5. I, for myself, and on behalf of my heirs, assigns personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Sunflower State Games, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (Releasees"). With respect to any and all injury, disability, death, or loss or damage to person or property. Whether arising from the negligence of the releasees or otherwise.
6. I understand the following refund policy: There will be no refunds of entry fees except for entries received after the deadline, entries received after the maximum number of participants have been registered, or if there are not enough participants to form a division. No refunds will be permitted simply because an athlete fails to participate or for in climate weather.
7. I understand that the Sunflower State Games is not responsible for lost or stolen items. All SSG participants, volunteers, officials, and spectators assume their own risk as it pertains to lost or stolen personal items at any SSG sponsored event.
8. I pledge to adhere to the Sunflower State Games standards of sportsmanship and respect opponents, coaches, officials and spectators at all times by not engaging in verbal or physical altercations at any time before, during, or after competition.

I have read this release of liability and assumption of agreement, fully understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without inducement. I also understand that I must provide my own personal injury insurance.

Date

Participant's Signature

Age

FOR PARTICIPANT OF MINOR AGE (under 18 at time of registration) This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided about of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Date

Parent/Guardian's Signature