2017 POWERADE STATE GAMES OF NORTH CAROLINA

ATHLETE INFORMATION FORM

Thank you for participating!

Sport:	

Last Name:		**First Name:**		**DOB**	mm/dd/yy	**Age**	
Address:							
City:		**State:**		**Zip:**			
Email address:							

AGREEMENT TO PARTICIPATE

(Must be signed to participate)

In consideration of being allowed to participate in any way in the POWERADE STATE GAMES OF NORTH CAROLINA athletic/sports program and its related events and activities, the undersigned acknowledges, appreciates, and agrees 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, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS NORTH CAROLINA AMATEUR SPORTS, 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.
5. I grant to North Carolina Amateur Sports my permission to use without charge any and all photographs, video reproductions or other like kinds of image productions taken during the event.
6. I understand that North Carolina Amateur Sports and its Staff are not responsible for loss, theft, or any damages to personal property.
7. I have read and agree to the Powerade State Games of North Carolina Cancellation and Refund Policy.
8. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given substantial rights by consenting to it freely and voluntarily without any inducement.

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.

_____ _____

PRINTED NAME OF PARTICIPANT PARTICIPANT'S SIGNATURE DATE

FOR PARTICIPANTS OF MINORITY AGE

(UNDER AGE 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 above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify 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 THEIR NEGLIGENCE.

_____ _____

PARENT/GUARDIAN'S SIGNATURE EMERGENCY PHONE # DATE