

REGISTRATION FORM

2006 PROVO SENIOR GAMES

Registration begins May 25, 2006

Please print clearly . Use only one form per person. **Registration deadline is August 10, 2006.** Completed forms and payment may be delivered to the Provo Parks and Recreation office: 351 West Center Street, faxed to 801-852-6648, or mailed to: Provo Senior Games, P.O. Box 1849, Provo UT 84603.

First Name _____ Middle Initial ____ Last Name _____
Address _____ City/State/Zip _____
Home Phone # _____ Alternate Phone # _____
Date of Birth _____ Age _____ Sex: M ____ F ____
Shirt Size (Circle One): Small Medium Large X-Large XX Large Other _____

FEE CALCULATION / METHOD OF PAYMENT: (Entries will not be accepted without payment)

Registration Fee: (\$17)	\$ _____
Sport Fees: (see back of form)	\$ _____
Sponsors Recognition Dinner tickets (optional): No. ____ @ \$20ea	\$ _____
Total	\$ _____

Cash ____ Check# _____ Visa/Master Card/AmEx# _____ Security Code(3 or 4 digit) _____ Exp. Date _____

Signature of Card Holder (required for all mail-in credit card payments) _____

Make checks payable to "Provo Foundation". Please do not mail cash.

RELEASE WAIVER (Required from all participants)

I affirm that participation in the Provo Senior Games provided by Provo City Corporation and the Provo Foundation are voluntary, and acknowledge that there are inherent risks in such participation that cannot be eliminated even when the greatest care is taken. **I assume full responsibility for any and all injuries or damages which may occur to me** as a result of such inherent risks associated with such activities or services provided by Provo City Corporation and the Provo Foundation. **I hereby agree to release, indemnify and hold harmless Provo City Corporation, Provo Foundation,** and their employees, sponsors, and volunteers from any liability, loss, cost, or expense (including attorneys fees, medical and ambulance costs) suffered by me as a result of the inherent risks associated with the Provo Senior Games. In the event that I sustain injury or illness while competing in the Provo Senior Games, I hereby authorize any emergency first aid, medication, medical treatment, or surgery deemed necessary by licensed medical personnel. I give permission to use my photograph to publicize Provo City and Provo Foundation programs and services.

Signature of Participant: _____ Date: _____

BE SURE TO COMPLETE THE OPPOSITE SIDE OF THIS FORM

