

My signature affirms that I will abide by all of the rules of the competition in a respectable manner and I will accept the decision of the tournament official as final.

Any objection must be brought to the attention of the tournament official immediately and must be addressed during the competition.

**RELEASE AND WAIVER OF LIABILITY**

**THIS RELEASE AND WAIVER OF LIABILITY FORM IS TO BE USED FOR DISTRICT TOURNAMENT EVENTS ONLY.**

To the best of my knowledge, information, and belief, I have no physical restrictions which would prohibit my participation in the events that I have selected in the Senior Games 2018.

I have prepared myself for the event(s) which I have entered by practicing prior to the Senior Games 2018. I am participating in these events voluntarily and at my own risk. I agree not to sue the Southwestern PA Area Agency on Aging and any other co-sponsoring organization or any of their representatives for any injury or any other damages to me resulting from my participation in the Southwestern PA Area Agency on Aging Senior Games 2018.

If a lawsuit is initiated on my behalf against the Southwestern PA Area Agency on Aging or any co-sponsoring organization, and it results in a monetary award of damages to me or any other persons, or legal entity, I agree to reimburse the SW PA AAA, or any other co-sponsoring organization for any monies required to be paid by them.

The Southwestern PA Area Agency on Aging has my permission to have a physician attend me if it is deemed necessary for my health, welfare, and safety.

THE SOUTHWESTERN PA AREA AGENCY ON AGING STRONGLY RECOMMENDS THAT EACH PARTICIPANT CONSULT HIS/HER PHYSICIAN IN REGARD TO PRACTICE, PREPARATION, AND COMPETITION IN THIS PROGRAM OR SIMILAR ACTIVITY.

**THIS IS A RELEASE AND WAIVER OF LIABILITY.  
DO NOT SIGN UNTIL YOU READ AND UNDERSTAND IT.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Person to contact in case of an emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_