2024 MISSOURI STATE SENIOR GAMES WAIVER

(Each participant MUST turn in this waiver form before competition)

Participant Name:_____Phone:_____

Address: _____Birthday:_____

City, State, Zip: _____Email: _____

WAIVER OF LIABILITY AND CONSENT FOR MEDICAL TREATMENT

In consideration of my entry into the competition known as the Missouri State Senior Games, I, intending to be legally bound, do hereby for myself, executors and administrators waive, release, and forever discharge any rights and claims for damages, including claims for loss, damages or injury to my person or property arising out of my performance or failure of performance, from the State of Missouri, the Governor's Council on Physical Fitness and Health, the National Sports Governing bodies, the Curators of the University of Missouri, the Show-Me STATE GAMES, the referees, referee assignors, the owner of the site of any competition I may be participating in, their agents, representatives, successors, and assigns. I, the undersigned, hereby authorize and consent to any first aid, medication, medical treatment or surgery deemed necessary in case of an emergency.

CONSENT FOR MEDICAL TREATMENT

I, the undersigned, also hereby authorize and consent to any first aid, medication, medical treatment or surgery deemed necessary in case of an emergency.

X_____ _____

Participant Signature Date

WHOM TO CONTACT IN AN EMERGENCY

Name _____

Phone _____

Family Doctor _____

Phone _____