2025 MISSOURI STATE SENIOR GAMES WAIVER

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

| (Each participant wiosi turn | in this waiver form before competition) |
|--|---|
| Participant Name: | Phone: |
| Address: | Birthday: |
| City, State, Zip: | Email: |
| | |
| to be legally bound, do hereby for myself, exdischarge any rights and claims for damages, i or property arising out of my performance or Governor's Council on Physical Fitness and He of the University of Missouri, the Show-Me ST of the site of any competition I may be particil assigns. I, the undersigned, hereby authorize a or surgery deemed necessary in case of an em | on known as the Missouri State Senior Games, I, intending secutors and administrators waive, release, and forever including claims for loss, damages or injury to my person refailure of performance, from the State of Missouri, the ealth, the National Sports Governing bodies, the Curators FATE GAMES, the referees, referee assignors, the owner ipating in, their agents, representatives, successors, and and consent to any first aid, medication, medical treatment nergency. |
| XParticipant Signature | Date |
| WHOM TO CONTACT IN AN EMERGENCY | |
| Name | |
| Phone | |
| Family Doctor | |
| Phone | |

