

2025 SHOW-ME STATE GAMES ENTRY FORM / WAIVER

Submit this form to Show-Me State Games via:

Mail to: 1400 Rock Quarry Rd, Entrance 5 Columbia, MO 65211

Email to: smsg@missouri.edu Fax to:

573-884-4004



• ATHLETE INFORMATION (Please print all information)

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Email Address

May choose up to 3 events, any additional will be \$10 an event after that. All registrations & team music must be in by May 15th, 2025. If you are participating as a team, please designate a team captain to submit a list of all dancers participating.

Ø EVENT INFORMATION

O IndividualO Team

Team Name _

Team Ca	ptain								
● TEAM COMPETITION	INDIVIDUAL COMPETITION								
Team Competition Style:	Individual Level:								
 Cabaret Classic International Open 	 Newcomer Novice Advanced 								
Age Group: O 50+ O 60+ O 70+ O 80+	Age Group: ○ 50+ ○ 60+ ○ 70+ ○ 80+								

WAIVER

WAIVER OF LIABILITY AND CONSENT FOR MEDICAL TREATMENT

In consideration of my entry into the competition known as the SHOW-ME STATE GAMES, I, intending to be legally bound, do hereby for myself, executors and administrators waive, release and forever discharge any and all rights and claims for damages, including but not limited to any claims for loss, damages, injury or disease 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, referees, referee assignors, referee organizations, the owner of the site of

any festival or finals competition I may be participating in, their agents, representative, successors and assigns.

CONSENT FOR MEDICAL TREATMENT

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

Athlete's Signature

Parent's or Guardian's Signature (If athlete is under 18 years of age)

EMERGENCY CONTACT INFORMATION:

Name	Home Phone	Date
PAYMENT INFORMATI	ION	
Entry Fee: \$ Donation: \$ Late Fee: \$ Total Amount: \$	 Check (SS# required) Money Order Master Card Visa Discover Signature 	nber CVC Code