

**2009 Western Wayne County Senior Olympics (WWCSO) Registration Form**

Please complete a separate form for each individual registrant. Checks are to be made payable to the Western Wayne County Senior Olympics (WWCSO). The fee is non-refundable.

**Registration deadline is 7/27/09.**

Please type or print: Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City/Twp.: \_\_\_\_\_ Zip: \_\_\_\_\_

Community that you represent: \_\_\_\_\_

**Medical and Visual Arts Liability Waiver:**

I, the undersigned participant, agree to indemnify and hold harmless the Western Wayne County Senior Olympics and the communities of: Belleville, Canton, Dearborn, Dearborn Heights, Garden City, Inkster, Livonia, Northville, Northville Township, City of Plymouth, Plymouth Township, Redford Township, Sumpter Township, Van Buren Township, Wayne, Westland and the County of Wayne, hereafter sometimes referred to as sponsors, their agents, employees, representatives, volunteers and assignees, from any and all actions or claims of whatsoever kind or nature which I, or my representatives or assignees may have, or at any time in the future have, as a result of *death*, any injury, or damage to my art *or photos* (stated value of \$\_\_\_\_\_) arising out of my participation in the Western Wayne County Senior Olympics (WWCSO).

I warrant and represent to the sponsors that I have prepared myself for the events which I have entered by practicing the same prior to my participation in the WWCSO. I warrant and represent that I am in good physical health and condition and that I am physically able to compete in the events that I have selected. I know of no physical restriction whatsoever which would prohibit my participation in the events that I have selected. I recognize and understand that the preparation and the competition may necessitate strenuous physical activity, and could possibly activate any unrecognized pre-existing cardiovascular disorder which I may have, thereby resulting in serious or life threatening physical harm to me. In the event of a medical emergency, the WWCSO and/or any of the above-named communities, has my permission to seek emergency medical treatment on my behalf during my participation in the events of the WWCSO. Any recipes submitted or photographs and videos taken during the WWCSO becomes the property of the WWCSO to be used at their discretion.

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

**WWCSO 2009 Medical Information** (to be shredded at the completion of the games)

Please type or print

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

Address: \_\_\_\_\_ City/Twp.: \_\_\_\_\_ Zip: \_\_\_\_\_

Community that you represent: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications that you are currently taking: \_\_\_\_\_

Significant health problems, past or present: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_