



# Western Illinois Senior Olympics

## Waiver and Release of All Claims

Please read this form carefully and be aware that in signing up and participating in the George Hermann Western Illinois Senior Olympics, you will be waiving and releasing all claims for injuries you might sustain arising out of your participation in this competition.

### George Hermann Western Illinois Senior Olympics

As a participant in the George Hermann Western Illinois Senior Games, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries (including death), damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such competition.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, agree to waive and relinquish all claims I may have as a result of participating in the competition against the George Hermann Western Illinois Senior Olympic Board, officials, volunteers, and sponsors at all participating sites, the Board of Trustees of Western Illinois University, its officers, agents, servants, and employees from any and all claims from injuries (including death), damages or loss which I may have or which may accrue to me on account of participating in the competition.

I further agree to indemnify and hold harmless and deem the George Hermann Western Illinois Senior Olympics Committee, officials, volunteers, and sponsors at all participating sites, the Board of Trustees of Western Illinois University, its officers, agents, servants, and employees from any and all claims resulting from injuries (including death), damages, and losses sustained by me or arising out of, connected with, or anyway associated with the activities of the program.

## MEDICAL CONSENT

In the event of an emergency, I authorize George Hermann Western Illinois Senior Olympics officials and Western Illinois University officials to secure from any licensed hospital, physicians and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above documents concerning the waiver and release of all claims and permission to secure treatment.

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

Please Print Name \_\_\_\_\_

Who should we contact in case of an emergency: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

## PHOTOGRAPH RELEASE FORM

I, \_\_\_\_\_, do hereby give Western Illinois University its assigns, licensees, and legal representatives the irrevocable right to use my name (or any fictional name), photograph, and/or video image in all forms and media (including the Internet) by Western Illinois University, and I waive any right to inspect or approve the finished version(s), including written copy that may be created in connection therewith. I have read this release and am fully familiar with its contents.

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

Name of your Local Newspaper \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_