

BLUEGRASS STATE GAMES INDIVIDUAL ENTRY FORM

MAIL TO: PO Box 23833, Lexington, KY 40523

OFFICE USE ONLY

Entry Fee Paid: \$ _____
Registration No. _____

NAME: Last _____ First _____ Male ☐
Female ☐ Date of Birth: Month _____ Day _____ Year _____ Age Day of BGSF _____
Address _____ City _____ KY Zip _____ County _____
Day Phone () _____ Night Phone () _____ E-mail: _____
Payment: Amount: \$ _____ Check: Payable to BGSF / Credit Card: (Circle One) VISA MASTERCARD
Card # _____ Expiration: _____ Billing address if different from above: _____ Authorization Signature: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY (Parent/Guardian if applicant is under 18 years of age):

Name: Last _____ First _____ Middle Initial _____ Relationship: _____ Home Phone () _____
Address _____ City _____ ZIP _____ Work Phone () _____

CHECK WHICH SPORT YOU WISH TO ENTER: (Need separate entry form for each sport. Form can be copied.)

Chess ② <input type="checkbox"/>	Golf ④ <input type="checkbox"/>	Sailing <input type="checkbox"/>	Track/Field Ω <input type="checkbox"/>
Cross Country <input type="checkbox"/>	Martial Arts ⑥ <input type="checkbox"/>	Table Tennis § <input type="checkbox"/>	Wrestling <input type="checkbox"/>
Disc Golf <input type="checkbox"/>	Mountain Biking <input type="checkbox"/>	Tennis ^ <input type="checkbox"/>	
Fencing <input type="checkbox"/>	Pickleball <input type="checkbox"/>		

EVENT CODE:	DESCRIPTION:	TIME: (Meters/Swimming Only)	PARTNER(S) NAME/CHESS TEAM
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

② **Chess:** USCF ID# _____ Date of last tournament _____
④ **Golf:** This is a partner tournament. BOTH entries MUST be mailed in the same envelope.
⑥ **Martial Arts/Judo:** Belt _____ Date Started Training _____

§ **Table Tennis:** USTTA Rating _____
^ **Tennis:** If playing doubles, BOTH entries MUST be mailed in same envelope.
Ω **Track/Field:** Attach proof of age (driver's license or copy of birth certificate).

MEDICAL CONSENT AND WAIVER FORM (Please read and sign below):

MEDICAL CONSENT AGREEMENT

I hereby authorize the Bluegrass State Games Medical and Training Staff or their designate to treat the above participant for any injury or illness they sustain during the Bluegrass State Games. I authorize all necessary medical treatment and admission to any hospital designated by the Medical and Training Staff if advanced care (X-rays, test, etc.) is required. It is understood that the patient and their parent/guardian will be notified to grant additional authorization for any special treatment or if surgical procedures are necessary.

PARTICIPANT WAIVER

WAIVER in consideration of my entry into the competition known as the Bluegrass State Games: I, intending to be legally bound, do hereby for myself, my heirs, executors and administrators, waiver release and forever discharge any and all rights and claims for damages, including any claims for loss, damages or injury to my person or property arising out of performance or failure of performance of the Lexington-Fayette Urban County Government, Bluegrass State Games Board of Directors, committees, sponsors, institutions, organizations, school systems, or others involved in the Games, as well as the National Governing Bodies, their agents, representatives, successors, and assigns of the parties named above, for any and all damages which may be sustained and suffered by me in connection with my association or entry in, and/or arising out of my traveling to, participation in and returning from the Bluegrass State Games. I, the undersigned, declare on my honor that I am an amateur and fulfill the conditions stipulated by the Bluegrass Games Board of Directors and all committees. I agree that I will compete in the Games, keep myself in top physical condition, retain my amateur status, and make myself available for training as I deem advisable. I certify that to the best of my knowledge and belief, I am in good physical condition and have no disease or injury that would keep me from doing my best in competition. I hereby consent to allow my picture or likeness to appear in any official documentary, sponsor advertisement or exclusive television coverage of the Bluegrass State Games in any manner incidental to my participation in the Bluegrass State Games and without compensation to me.

Participant's signature _____ Date _____

Parent/Guardian signature (If athlete is under 18 years of age) _____ Date _____

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. The Games cannot guarantee that participants will not become infected with COVID-19. Further, participating in the Games could increase a participant's risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I (or my child if participant is under 18 years of age) may be exposed to or infected by COVID-19, or any variation or mutation thereof, by participating in the Games and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19, or any variation or mutation thereof, by participating in the Games may result from the actions,

omissions, or negligence of myself and others, including, but not limited to, employees, volunteers, and program participants and their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (or my child if participant is under 18 years of age)(including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I (or my child if participant is under 18 years of age) may experience or incur in connection with my participation or attendance at the Games ("Claims"). On my behalf, and on behalf of any of my children, I hereby release, covenant not to sue, discharge, and hold harmless the Bluegrass State Games; its Board of Directors, committees, and sponsors; institutions, organizations, school systems, or others involved in the Games, as well as the National Governing Bodies; and any employees, volunteers, agents, representatives, successors, and assigns of the parties named above (herein, the "Released Parties"), of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Released Parties, whether a COVID-19 infection, or any variation or mutation thereof, occurs before, during, or after participation in any Club program.

Participant's signature _____ **Date** _____

Parent/Guardian signature (If athlete is under 18 years of age) _____ **Date** _____