

WEIGHTLIFTING REGISTRATION



- Don't Forget! ...
1. To enclose check or complete credit card information
 2. To check "Male" or "Female" team box

Make Checks Payable To: **Star of the North State Games**
1700 - 105th Avenue NE • Blaine, MN 55449-4500

CONTACT INFORMATION

GENDER

MALE

FEMALE

ATHLETE LAST NAME

ATHLETE FIRST NAME

ATHLETE STREET ADDRESS

CITY/TOWN

STATE

ZIP CODE

ATHLETE EVENING TELEPHONE

ATHLETE DAYTIME TELEPHONE

CONTACT E-MAIL ADDRESS

DATE OF BIRTH

AGE

ENTRY CODE

Entry Fee:

- \$45 before May 24, 2019
- \$55 after May 24, 2019

Credit Card Payments

Visa Mastercard Expiration Date _____

Card Number _____ CVV Code* _____

* The CVV code is the three digit code on the back of the credit card following the card

Name of Cardholder _____

Signature _____

ATHLETE WAIVER & RELEASE: In consideration of being allowed to participate in any way in the 2019 Star of the North Summer Games athletics/sports program, and events and activities, the undersigned:

1. Agree that prior to participating, they each will inspect the facilities and equipment to be used, and if they believe anything is UNSAFE, they will immediately advise their coach or supervisor of such condition(s) and REFUSE TO PARTICIPATE.
- 1b. Agree that the parent(s) or legal guardian(s) will instruct the minor participant that prior to participating, they each should inspect the facilities and equipment to be used, and if the participant believes anything is UNSAFE, they will immediately advise their coach or supervisor of such condition(s) and REFUSE TO PARTICIPATE.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used.
3. Acknowledge that it is the participant's responsibility to be properly insured and/or pay all medical costs in the event of an injury, and to be knowledgeable of where to contact assistance in the case of an emergency.
4. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
5. Release, waive, discharge and covenant not to sue the Star of the North Games, Inc., the National Congress of State Games, the 2019 Star of the North Local Organizing Committees in the host cities and its affiliated clubs, their respective administrators, officers, directors, agents, coaches and other employees or volunteers of the organization, other participants, sponsoring agencies, corporate sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees," from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
6. In the event that injury or illness while competing in the 2019 Star of the North Summer Games, I hereby authorize any emergency first aid, medication, medical treatment or surgery necessary by licensed medical personnel. I also give my permission for attending medical personnel to execute on my behalf my permission forms or other necessary medical documents and to act in my behalf if I am not immediately available to do so. This includes the cost for transportation to an emergency medical facility and/or hospital.
7. Hereby consent to allow my picture and/or voice or likeness in any official documentary, promotional, exclusive television, radio or photo coverage of the 2019 Star of the North Summer Games in any manner incidental to my participation in the 2019 Star of the North Summer Games and without compensation to me.

The undersigned have read the above waiver and release, understand that they have given up substantial rights by signing it and sign it voluntarily.

printed athlete name

date signed

signed athlete name (signature of parent/guardian if athlete under 18)

emergency contact and phone number

FOR OFFICE USE ONLY

Athlete Number _____ Date Received _____ Amount Paid \$ _____

For More Information

Twin Cities: 763.785.5603 • Toll Free: 800.756.7827
Fax: 763.785.5699

Email: sgames@mnsports.org

Website: www.starofthenorthgames.org