

Bayou - River District Games

Registration deadline March 8, 2024

Turn in entry form, and waiver form, to

St. Charles Council on Aging or Recreation Department

Any questions call April Keller 985-783-6683 or Duane Foret 985-783-5090

SEX _____ AGE _____ PARISH ST. CHARLES T-SHIRT SIZE _____
PROVIDED BY COA/REC. DEPT

NAME _____
LAST FIRST MI

NAME MOST OFTEN USED _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ ZIP _____

EMAIL ADDRESS _____ TELEPHONE (____) ____ - ____

SPORT EVENTS
CHECK ALL EVENTS YOU WISH TO ENTER

<p>APRIL 9, 2024</p> <input type="checkbox"/> SHUFFLEBOARD <input type="checkbox"/> CHARMIN TOSS <input type="checkbox"/> BEAN BAG TOSS	<p>APRIL 11, 2024</p> <input type="checkbox"/> BOWLING DOUBLES <hr/> PAID ATHLETE PARTNER	<p>APRIL 11, 2024</p> <input type="checkbox"/> BOWLING MIXED DOUBLES <hr/> PAID ATHLETE PARTNER
<p>APRIL 12, 2024</p> <input type="checkbox"/> BOWLING SINGLES	<p>APRIL 16, 2024</p> <input type="checkbox"/> TABLE TENNIS <input type="checkbox"/> BASKETBALL FREETHROW <input type="checkbox"/> CORNHOLE	<p>APRIL 18, 2024</p> <input type="checkbox"/> 1 MILE WALK <input type="checkbox"/> SOFTBALL ACCURACY <input type="checkbox"/> FOOTBALL ACCURACY <input type="checkbox"/> SOFTBALL DISTANCE
<p>APRIL 25, 2024</p> <input type="checkbox"/> DISCUS <input type="checkbox"/> JAVELIN <input type="checkbox"/> SHOT PUT <input type="checkbox"/> BEAN BAG BASEBALL	<p>APRIL 30, 2024</p> <input type="checkbox"/> WASHER PITCH <input type="checkbox"/> BAIT CASTING <input type="checkbox"/> BALLOON BURST	<p>MAY 7, 2024</p> <input type="checkbox"/> HORSESHOES
<p>MAY 9, 2024</p> <input type="checkbox"/> CRAFT SEWING <input type="checkbox"/> EMBROIDERY <input type="checkbox"/> NEEDLEPOINT <input type="checkbox"/> FLORAL <input type="checkbox"/> JEWELRY <input type="checkbox"/> PAINTING <input type="checkbox"/> KNITTING <input type="checkbox"/> CROCHET <input type="checkbox"/> HAND QUILTING <input type="checkbox"/> MACHINE QUILTING <input type="checkbox"/> WOODWORKING		

PARTICIPANT WAIVER MODEL RELEASE SIGN BELOW

1. The risk of injury from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury to me does exist; and,
 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and I assume full responsibility for my participation; and,
 3. I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant concern in my readiness for participation and/or in the program itself, I will remove myself from participation and bring such to the attention of the nearest official; and,
 4. I, for myself and on behalf of my/ours heirs, assigns, personal representatives and next of kin, HEREBY RELEASE the Bayou-River District Senior Games, its officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertiser, and if applicable, owners and lessors of the premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my involvement or participation in these programs WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
 5. I for myself and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incidental to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
- I, the undersigned participant, grant to the Bayou-River District Senior Games the right to use any pictures taken of me during the Bayou-River Senior Games without remuneration and in any medium the photographer/staff sees fit for art, advertisement, exhibition, editorial, or any purpose whatsoever.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARY WITHOUT ANY INDUCEMENT.

SIGNATURE _____ **DATE** _____

EMAIL ADDRESS _____

EMERGENCY CONTACT NAME _____ **PHONE (____)** _____

**ALL FEES EXCEPT FOR BOWLING WILL BE PAID BY
ST. CHARLES COA/RECREATION DEPARTMENT
ALL FEES ARE NON-REFUNDABLE AND NON-TRANSFERABLE**

ENTRY FEE.....\$20.00

BANQUET.....\$7.00

Additional Fees for Bowling.....\$9.00 (each event)

I have checked the event entries on this form and verify that they are correct. I have also signed the liability waiver. I understand there are NO REFUNDS or SUBSTITUTIONS.

Signature _____ **Date** _____