



ONLY THOSE REGISTERING via HYTEK NEED TO COMPLETE THIS FORM AND SUBMIT AT ATHLETE CHECK-IN

Georgia Games Official Individual Athlete Form & Waiver

Athlete Information:

Swimmer Name: _____

Swim Team Name: _____

Email: _____

Street Address/Apt # _____

City/Town _____ County _____ State _____ Zip _____

Phone Numbers: Daytime: _____ Evening: _____ Cell Phone: _____

Date of Birth: (M/D/Y) _____ Sex: _____ T-Shirt Size (Youth: YS, YM, YL or Adult: -AS, AM, AL, AXL, AXXL): _____

EMERGENCY CONTACT INFORMATION: Name: _____ Phone: _____

AGREEMENT, RELEASE AND WAIVER OF LIABILITY

In consideration of being permitted to participate in or assisting others in participation in the Georgia Games Championships ("Championships")/District Sports Festivals, and related events and activities, on behalf of myself, or a minor child or ward, heir, next of kin, personal representative, successor or assign;

(1) I ACKNOWLEDGE, UNDERSTAND AND DECLARE THAT:

- (a) To the best of my knowledge, I am in GOOD PHYSICAL CONDITION and have no disease or injury that would be aggravated by participating in activities related to the Championships;
- (b) Participating or assisting other in participating in the Championships may involve RISK OF INJURY TO ME, INCLUDING DEATH, LOSS OR DAMAGE TO ME OR MY PROPERTY, or other consequences, which might result not only from my own actions, in actions or negligence but also the actions, in actions or negligence of others, the rules play, or the conditions of the premises or of any equipment used;
- (c) There may be OTHER RISKS not known or not reasonably foreseeable; and Understanding All of the Above,

(2) I ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE:

- (a) The State of Georgia or any of its agencies, District Sports Festivals, the Georgia State Games Commission, the Georgia Sports Foundations, its Commissioners, its Board of Directors, its employees, agents, volunteers, coaches, trainers, or officials affiliated with their programs;
- (b) Any affiliated subsidiary, successor, organization, or related companies or businesses, other participants, participating or sponsoring municipalities, governmental agencies, international organizations, agencies, sponsors, or advertisers, the respective administrators, officers, directors, agents, representatives, employees, or volunteers of such entities or organizations;
- (c) The National Congress of State Games, the United States Olympic Committee and/or their respective representatives, officers, directors, employees, agents, successors and assigns;
- (d) Owners, lessors and lessees of premises used to conduct the Games FROM ANY AND ALL LIABILITY FOR INJURY, INCLUDING DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, OR ANY OTHER CONSEQUENCE in connection with entry in or arising out of participation in, performance in or lack of performance in, including travel en route to and from the Championships.

(3) I AGREE THAT:

- (a) Prior to participating as an athlete, I, or in the case of a minor, a parent or guardian, will INSPECT the facilities and equipment to be used, and If I believe same to be unsafe, I will immediately REPORT such condition(s) to the athletic coach, supervisor or official connected with the Championships of same and either DECLINE TO PARTICIPATE or ASSUME THE RISK of participating;
- (b) I will ALLOW my PHOTOGRAPH, PICTURE or LIKENESS and/or VOICE to APPEAR in any official documentary, promotional (including all advertisements on television, radio or film coverage of the Championships, WITHOUT COMPENSATION.

(4) In consideration for permitting you to participate in the event, you, for himself/herself and for his/her heirs, personal representatives, and assigns, agrees as follows:

- a) I acknowledge the presence in the community of dangerous and deadly communicable diseases and viruses including COVID-19;
- b) I understand that, by participating in the event, I may be exposed to a communicable disease and/or virus including COVID-19;
- c) I understand that the Georgia Games cannot, and do not claim to, protect me from transmitting a communicable disease and/or virus including COVID-19;
- d) I am knowingly and voluntarily assuming the risk of exposure to and transmission of a communicable disease and/or virus including COVID-19 while participating in the event;
- e) I am not knowingly carrying or infected with a communicable disease and/or virus including COVID-19 and I have no symptoms consistent with such a disease and/or virus including cough, shortness of breath, fever, chills, muscle pain, headache, sore throat, and/or new loss of taste or smell;
- f) I will not participate in the event if at that time I am knowingly carrying or infected with a communicable disease and/or virus including COVID-19 or I have symptoms consistent with such a disease and/or virus including cough, shortness of breath, fever, chills, muscle pain, headache, sore throat, and/or new loss of taste or smell;
- g) I release, waive, discharge, and covenant not to sue Georgia Games from and for any liability resulting from my exposure to or transmission of any communicable disease and/or virus including COVID-19; and
- h) I expressly agree that this assumption of risk, release, and waiver of liability agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Georgia. If any portion of this Agreement is held invalid, I agree that the balance shall continue in full legal force and effect.

I have read this assumption of risk, release, and waiver of liability agreement and have had the opportunity to ask questions about it. I fully understand this agreement, particularly that I am giving up substantial rights and that this agreement's terms are contractual and not mere recital. I acknowledge that I am signing this agreement freely and voluntarily.

(1) I CONSENT TO:

- (a) ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with the Championships. I have read this form in its entirety and have provided truthful information.

Name of Athlete (print)

Signature of Athlete (if at least 18 years of age)

Date

Name of Parent/Legal Guardian if Athlete is a minor (print)

Signature of Parent/Guardian, Individually and in the capacity as Parent/Legal Guardian if Athlete is under 18 years of age.

Date

