ASSUMPTION OF RISK, WAIVER and RELEASE

In consideration of being allowed to participate in the State Games of America athlete/sports program, related events and activities, the undersigned appreciates, acknowledges and agrees that:

1. There are risks of injury from participating in the activities involved in this program of events, including the potential for paralysis, disability or even death. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS (known or unknown, present or future, direct or consequential, and whether physical, psychological, social, economic or otherwise, and including all treatment, hospitalization and other care rendered to me in the event of my illness, injury or emergent circumstances in connection with my participation in this program of events), EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and I assume full responsibility for my participation and all such risks.

2. I willingly agree to comply with the stated and customary terms and conditions for participation in this program of events. If I observe any unusual significant hazard during my participation, I will remove myself from participation and immediately bring such to the attention of the nearest official.

3. I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS the State Games of America, National Congress of State Games, Colorado Springs Sports Corporation and their directors, officers, employees, officials, committee members, volunteers and agents, other participants, organizing and sponsoring agencies, National Governing Bodies, sponsors and advertisers, and, if applicable, owners and lessors of premises used to conduct the program of events ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, PARALYSIS, DISABILITY, OR DEATH, and all liabilities, losses, damages, claims and causes of action (including attorneys fees) of any nature, incurred, suffered or associated with my participation in this program of events, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

4. I give my permission to the event organizers for the free use of my name, likeness and/or pictures for use in broadcasts, telecasts, newspaper, etc., for the promotion of this program of events.

5. I will follow and abide by the rules, policies and code of conduct of the State Games of America.

I HAVE READ THIS ASSUMPTION OF RISK, WAIVER AND RELEASE AGREEMENT, FULLY UNDERSTAND ITS TERMS AND SIGN IT VOLUNTARILY WITHOUT ANY INDUCEMENT.

_____	_____	_____
Participant Signature	Participant Printed Name	Date

FOR PARTICIPANTS UNDER AGE 18 AT TIME OF REGISTRATION

I, as parent/guardian with legal responsibility for this participant, consent and agree to his/her assumption of risk, waiver and release as provided above, and for myself, my heirs, assigns and next of kin, release and agree to indemnify the Releasees from any and all liabilities, losses, damages, claims and causes of action (including attorneys fees) incident to my minor child's involvement or participation in the events as provided above, even if arising from the negligence of Releasees.

I understand every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I authorize the State Games of America, their personnel and medical staff, to call an ambulance or transport my child to the nearest medical care facility and secure emergency medical treatment, including hospitalization, injections, anesthesia or surgery.

_____	_____	_____
Parent/Guardian Signature/Relationship	Parent/Guardian Printed Name	Date

In the event of injury, medical costs must be paid by the athlete. Entry will not be accepted unless release and waiver are signed.