

2020  
LOUISIANA SENIOR GAMES ASSOCIATION  
Cycling  
Registration Form  
November 14, 2020

**INDIVIDUAL ENTRY/ PARTICIPANT WAIVER FORM**  
**RETURN THIS FORM, AFTER COMPLETING AND INCLUDE ALL FEES**

**Mail to: Louisiana Senior Games Association,  
209 East Shamrock Street  
Pineville, LA 71360 6255**

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

\_\_\_\_ Male \_\_\_\_ Female      Age As of 12/31/20: \_\_\_\_\_      Date of Birth: \_\_\_\_\_

**PARTICIPANT WAIVER SIGN BELOW**

In consideration of being allowed to participate in any way in the Louisiana Senior Games Association program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

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, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, or others, and 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 immediately; and,
4. I, for myself and on behalf of my/or heirs, assigns, personal representatives and next of kin, HEREBY RELEASE the Louisiana Senior Olympic Games, its officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, 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.  
INDEMNIFY AND HOLD HARMLESS all of the above Releasees from any and all liabilities incident 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 Louisiana Senior Games Association the right to use any pictures taken of me during the Louisiana Senior Games Association without my 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 FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

**PRINTNAME:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Register Online: [www.lsog1.org](http://www.lsog1.org)

**2020**  
**LOUISIANA SENIOR GAMES ASSOCIATION**  
**ENTRY FEE For**  
**Cycling**

**RETURN THIS PAGE with CHECK or MONEY ORDER with fees to**  
**Louisiana Senior Games Association, 209 East Shamrock, Pineville,**  
**LA 71360-6255**

**Entry fees must be sent with this form to be eligible.**

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Masks must also be worn at the event where social distancing cannot be maintained. Masks must cover the nose and Mouth.

Entry Fee Track & Field: \$35.00      **\$ 35.00**

Additional fee      (\$ .00)

To Help Support the LSGA 2020 games, I have enclosed a donation of  
(All donations are tax deductible)

TOTAL AMOUNT ENCLOSED

\$ _____
\$ _____
\$ _____

**PLEASE NOTE: T-SHIRTS WILL BE AVAILABLE AT EACH EVENT  
FOR \$5.00**

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**Mail Entry Form and Fees to:**

LSGA  
209 East Shamrock Street  
Pineville, LA 71360-6255

**Register online:**

**[www.lsog1.org](http://www.lsog1.org)**