

# Ardmore Senior Games Entry Form – Page 1

**Must be 50+ by December 31, 2019 to be eligible. Please follow these steps carefully:**

1. Complete all three pages: Entry Form Pages 1, 2 and 3 and the Waiver Page 4.  
Please print in ink or type.
2. Sign the Liability Waiver. If this waiver is not signed, your Entry Form will be returned.
3. Enclose total payment, including fees for any Additional Events and extra T-shirts.
4. **Entry Forms Due: 5:00 pm, August 1, 2019.** Late registrants will not receive the free T-shirt.

**Save Time, Register Online! [oklahoma.fusesport.com/registration/990/](http://oklahoma.fusesport.com/registration/990/)**

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

Address: \_\_\_\_\_  
*Street* *City* *State* *Zip*

Telephone: (\_\_\_\_) \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
*Home* *As of 12/31/19*

Email Address: \_\_\_\_\_ M F Shirt Size: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Entry Fee (per event)	\$ 10.00
# of events ____ x \$10 each	\$ _____
Please include your golf fee of \$25.00 (if you are not a member of Lake View)	\$ _____
Donation (Donations for Ardmore Senior Games are welcomed)	\$ _____
Extra T-Shirts (A free participant shirt is included in Entry Fee) \$10 each (enter the # of shirts next to the size: Adult Small – Adult XXXL) ____ AS ____ AM ____ AL ____ AXL ____ AXXL ____ AXXXL	\$ _____
<b>Total Amount Enclosed</b>	<b>\$ _____</b>

Make check payable to **Ardmore Institute of Health** and send with your entry form to:

**Ardmore Institute of Health**  
 c/o Ardmore Senior Games  
 3650 Chickasaw Blvd, Ardmore, OK 73401

For more information contact:

Michelle Sinkler, Program Officer  
 Ardmore Institute of Health

Email: [Michelle.Sinkler@fullplateliving.org](mailto:Michelle.Sinkler@fullplateliving.org)  
 Phone: 405-561-1797

Tes Stewart, Recreation Supervisor  
 Ardmore Parks and Recreation

Email: [Tstewart@ardmorecity.org](mailto:Tstewart@ardmorecity.org)  
 Phone: 580-223-4844

# Ardmore Senior Games Entry Form – Page 2

- Place a check mark next to each event you wish to enter.
- Keep a copy of all events you have entered.

**TBD** Location: Ardmore Regional Park Horseshoe Pits & HFV Wilson

- Horseshoes (Ardmore Regional Park)
- Cornhole (HFV Wilson Community Center)

**TBD**

## Track and Field

- 50 m Dash
- 100 m Dash
- 200 m Dash
- 400 m Dash
- 1500 m Dash
- 1500 m Powerwalk
- Standing Long Jump
- Running Long Jump
- Discus
- Shot Put

**Saturday, August 24** Location: Ardmore Family YMCA

## Basketball

- Free Throws
- 3 Point Shot
- 3 on 3

**Friday & Saturday, September 13-14** Location: Ardmore Family YMCA

## Pickleball

- Singles
- Mixed Doubles      Name of Partner: \_\_\_\_\_
- Women's Doubles      Name of Partner: \_\_\_\_\_
- Men's Doubles      Name of Partner: \_\_\_\_\_

# Ardmore Senior Games Entry Form – Page 3

**Saturday, September 21** *Location: Good Time Lanes*

## Bowling

- Singles
- Mixed Doubles      Name of Partner: \_\_\_\_\_
- Women's Doubles      Name of Partner: \_\_\_\_\_
- Men's Doubles      Name of Partner: \_\_\_\_\_

**Thursday, September 12** *Location: Lake View Golf Course*

## Golf

- Singles

**Saturday, August 10** *Location: Texoma Archery*

## Archery

- Singles

**Monday – Friday, August 26-30** *Location: Champion Library*

## Arts

- Painting
- Photography
- Sculpting
- Drawing

# Ardmore Senior Games Liability Waiver – Page 4

The Ardmore Senior Games, Ardmore Institute of Health, Ardmore City Parks and Recreation Department, Good Time Lanes, Ardmore Family YMCA and Plainview Public Schools strongly recommend that each participant consult his/her doctor in regard to practice, preparation and competition in this program.

## STATEMENT OF PHYSICAL CAPABILITY

I warrant and represent to the sponsors and other contributors of the Ardmore Senior Games that:

1. I have prepared for the event(s) which I have entered by practicing the same prior to my participation in the Ardmore Senior Games.
2. I am in good physical health and condition and am physically able to compete in the events I have selected.
3. I know of no physical restriction whatsoever which would prohibit my participation in the events that I have selected.

I have been advised by the sponsors that it would be in my best interest to consult my physician prior to my preparation in regard to my participation in the Ardmore Senior Games.

4. I recognize and understand that the preparation and the competition may necessitate strenuous physical activity and could activate any unrecognized pre-existing cardiovascular disorder which I may have, thereby resulting in serious or life-threatening harm to me.

## PERSONAL INJURY AND PROPERTY DAMAGE RELEASE, ETC.

As a condition of being permitted to participate in the Ardmore Senior Games, I, the undersigned participant agree that: I recognize that participation in the Ardmore Senior Games necessarily involves risks of injuries and damages including but not limited to injuries, damages or losses relating to or resulting from slips, falls, collision, car accidents, trauma, health failure, and/or other mishaps. Possible injuries to me can include death, personal injury, property damage, loss of service and other injuries and damages.

I assume full responsibility for any injuries, damages or losses which may occur to me and agree that the Ardmore Institute of Health, Ardmore City Parks and Recreation Department, Good Time Lanes, Ardmore Family YMCA and Plainview Public Schools and its sponsors, their respective agents, employees, representatives, volunteers, and assigns, and all other persons, firms, and other entities participating or providing services or facilities to or for the benefit of Senior Games and/or its participants, shall not be individually or severally liable for any damages arising from any personal injuries or property damages that I may sustain in connection with my preparation for and/or participation in the Ardmore Senior Games, whether or not the injuries, damages or losses occur on/about the premises of the Ardmore Institute of Health, Ardmore City Parks and Recreation Department, Good Time Lanes, Ardmore Family YMCA and Plainview Public Schools, and whether or not such premises are owned by any one of the foregoing, or are used in the preparation for or in the conduct of the Senior Games.

I hereby fully and forever release and discharge and hereby agree to indemnify and hold harmless Ardmore Institute of Health, Ardmore City Parks and Recreation Department, Good Time Lanes, Ardmore Family YMCA and Plainview Public Schools from any and all present and future claims, demands, damages, rights of action, or causes of action including, but not limited to, reasonable attorney's fees and costs (collectively the "Claims") arising out of, resulting from, or connected in any way with my preparation for and/or participation in the Ardmore Senior Games, whether known or unknown, anticipated or unanticipated, and specifically including, but not limited to, any Claims arising out of or resulting from the negligence or fault of the Ardmore Institute of Health, Ardmore City Parks and Recreation Department, Good Time Lanes, Ardmore Family YMCA, and Plainview Public Schools.

Notwithstanding any language herein to the contrary, this release and discharge shall in no way affect any Claims which I cannot legally waive, such as grossly negligent acts, intentional acts occurring in the future, and acts done with malfeasance.

I understand that I am releasing the Ardmore Institute of Health, Ardmore City Parks and Recreation Department, Good Time Lanes, Ardmore Family YMCA and Plainview Public Schools from liability to the full extent that the law allows not only from any risk inherently associated with participation in an athletic activity, but also any enhanced exposure to injury occasioned by any carelessness, negligence or fault of the Ardmore Institute of Health, Ardmore City Parks and Recreation Department, Good Time Lanes, Ardmore Family YMCA and Plainview Public Schools or anyone acting on their behalf, including any and all liability for damage and injury or death to myself or to any persons or property to the full extent that the law allows.

I understand that THIS RELEASE OF LIABILITY IS INTENDED TO BE AS BROAD AS LEGALLY POSSIBLE, and I accept the terms as a condition of being permitted to participate in the Ardmore Senior Games.

RELEASE FOR PERSONAL PROPERTY: I acknowledge and agree that the Ardmore Institute of Health, Ardmore City Parks and Recreation Department, Good Time Lanes, Ardmore Family YMCA and Plainview Public Schools shall not be liable for any loss or theft of personal property occurring during or in connection with the conduct of the Ardmore Senior Games, and I release the Ardmore Institute of Health, Ardmore City Parks and Recreation Department, Good Time Lanes, Ardmore Family YMCA and Plainview Public Schools for any liability for loss or theft of any personal property in connection with the Ardmore Senior Games.

CONSENT TO MEDICAL TREATMENT: Ardmore Institute of Health, Ardmore City Parks and Recreation Department, Good Time Lanes, Ardmore Family YMCA and Plainview Public Schools has my permission to have a physician treat me during my participation in the Ardmore Senior Games. I hereby consent to any first aid, medication, medical treatment or surgery deemed necessary. I release all Claims for injuries or damages incurred by me in the connection with the delivery of such care in good faith. This release is also a condition to my participation in the Ardmore Senior Games.

PUBLICITY CONSENT: I authorize the Ardmore Senior Games to use my likeness in any form. I waive the right to inspection of my image or for any compensation for such use.

THIS WAIVER AND RELEASE AFFECTS MY LEGAL RIGHTS AND INCLUDES RELEASES OF LIABILITY WHICH ARE TO BE AS BROAD AS LEGALLY POSSIBLE. I HAVE READ THIS WAIVER AND I UNDERSTAND WHAT I AM SIGNING.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_