CROSS TRAINING ENTRY FORM

Saturday

Save $ & Register Online - BIGSKYGAMES.ORG

OFFICE USE ONLY
SC:
PM:
CHK#:
PD:
Shirt Size:
STAFF:

First Name

Birth Date

Last Name

Age

Male

Female

Email

Phone

Address

City

State

Zip

Youth T-Shirt Size

YS YM YL

Adult T-Shirt Size

S M L XL 2XL* 3XL*

Checks payable & mail to:
Big Sky State Games
Box 7136
Billings, MT 59103

PLEASE USE ONE (1) ENTRY FORM PER SPORT.

See Sport Info Page for Registraiton Details

TEAM NAME: _____

PARTNER'S NAME: _____

TEAM AGE GROUP _____
TEAM SKILL LEVEL _____
TEAM GENDER _____

AGE GROUP	DIVISIONS	GENDER
Teens (14 - 16 yrs old)	Scaled	Men
Adult (17 - 44 yrs old)	RX	Women
Masters (35 +)		

ENTRY FEE INFO

ENTRY FEE - $100 + $5 Processing Fee = $ 105

ADD $3 PER 2XL & 3XL $ _____=

TOTAL $ _____

Major Sponsors

Sport Sponsors

Complete Waiver on Back

ADULT WAIVER and RELEASE of LIABILITY

In consideration of being allowed to participate in any way in the BIG SKY STATE GAMES athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. 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 however I observe any unusual significant hazard during my presence or participation, 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 heirs, assigns, personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE BIG SKY STATE GAMES, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, USATF Association & MT USATF Association, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
5. I grant permission to all of the foregoing to use my photographs which I may share online as part of the event, personal data provided during registration and post-event reporting, video or audio recordings, or any other record of this event for any legitimate purpose.
6. I acknowledge that I am aware that there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from:

*An outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof;

7. Organizers reserve the right to bar participation from the event if it is reported to and confirmed that the participant is a registered sex offender.

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 VOLUNTARILY WITHOUT ANY INDUCEMENT

I also agree to follow the rules, policies and code of conduct of the Big Sky State Games.

Participant Signature	Participant Printed Name	Date
Partner Participant Signature	Partner Participant Printed Name	Date

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

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 Big Sky State Games, 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	Participant Printed Name	Date
Partner's Parent/Guardian Signature/Relationship	Partner Participant Printed Name	Date

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