

2018 REGISTRATION & WAIVER

7

(Complete Both Sides and Mail to NVSO c/o Peter McGuirk, 1640 N. Harrison St., Arlington, VA 22205)

INSTRUCTIONS: All participants must be 50 years old by December 31, 2018 and be a resident of a NVSO sponsoring jurisdiction. Each participant must complete either a registration form ONLINE at www.nvso.us or fill in the forms below, and send with payment made payable to NVSO. Online registration confirmation will be sent immediately. Mail registrations with email addresses will be confirmed upon receipt. Cancelled check is receipt and confirmation for others. No Post Office Box addresses.

Registration by Mail must be postmarked by August 20 - Online registration deadline is August 24.

Type or Print clearly. Complete all spaces on page 7 and 8 and sign and date the Registration Form.

Name: First _____ M. I. _____ Last _____

Street address: _____ Apt. # _____

City: _____, Virginia Zip Code: _____

Check One:

Alexandria Arlington Co. Falls Church Fairfax City Fairfax Co. Fauquier Co. Loudoun Co. Prince William Co.

E-mail address: _____

Date of birth: ____/____/____ Age (as of 12/31/18) _____ Male Female

Phone: (home) _____ (work) _____ Cell Phone: _____

If you would like to VOLUNTEER, please contact RSVP at (703) 403-5360 or RSVP@volunteerfairfax.org

EMERGENCY CONTACT: In the event of an emergency, please contact:

NAME: _____ PHONE: _____ RELATION: _____

SAFETY ISSUE: If applicable, carry any personal medical information to your event. This will help rescue personnel in case of illness or accident.

WAIVER & RELEASE OF LIABILITY

In order to participate in events, you must sign below.

WAIVER: Participants in the Northern Virginia Senior Olympics, who are required to perform strenuous activity, should be capable of doing so. Under law, the cities, counties and their departments are immune to suits based on tortuous injury, and to a lesser extent, their employees are also covered by this immunity. Participants are advised to carry their own insurance while participating in the Northern Virginia Senior Olympics. It is highly recommended that a doctor's approval be obtained prior to becoming actively involved in this event.

RELEASE: I, the undersigned, hereby apply to participate in the Northern Virginia Senior Olympics, and in consideration of the acceptance of my registration in their Olympics, I verify that I am not under medical care for any health-related problems that would prevent my participation.

PROMOTION: Participants in activities sponsored by the Northern Virginia Senior Olympic Committee consent to the Committee's use of any photograph, film or videotape of the activity in any marketing or promotional material.

Further, I am a voluntary participant and as such, I assume all risks related to these aforesaid Olympics and release all rights and claims for injury, damages, and any or all responsibility for my well being which I may have against the Sponsoring Cities, Counties, the NVSO Committee, Event Venues and their respective agents or representatives, and Event Directors and Volunteers.

DATE: _____ SIGNATURE (Required): _____