

# 2019 SHOW-ME STATE GAMES WAIVER

(Please make a copy for each team member. Each player MUST turn in this waiver before playing.)

Sport: _____	
Participant Name: _____	Phone: _____
Address: _____	Birthdate: _____
City, State, Zip: _____	
Email: _____	

## **WAIVER OF LIABILITY AND CONSENT FOR MEDICAL TREATMENT**

In consideration of my entry into the competition known as the SHOW-ME STATE GAMES, I, intending to be legally bound, do hereby for myself, executors and administrators waive, release and forever discharge any and all rights and claims for damages, including any claims for loss, damages or injury to my person or property arising out of my performance or failure of performance, from the State of Missouri, the Governor's Council on Physical Fitness and Health, the National Sports Governing bodies, the Curators of the University of Missouri, referees, referee assignors, referee organizations, the owner of the site of any festival or finals competition I may be participating in, their agents, representative, successors and assigns.

## **CONSENT FOR MEDICAL TREATMENT**

I, the undersigned, also hereby authorize and consent to any first aid, medication, medical treatment or surgery deemed necessary in case of an emergency.

\_\_\_\_\_  
Athlete's Signature (if age 18 or older)

\_\_\_\_\_  
Parent's or Guardian's Signature  
(If athlete is under 18 years of age)

\_\_\_\_\_  
Date

## **EMERGENCY CONTACT PERSON**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home Phone / Work Phone

