



2012 Shape Up Montana Roster Change

Team Name

Division.....

Added Member.....Age

Company

Address

City/State/Zip.....

E-mail

Day Phone/Evening Phone

T-Shirt Size (no shirt after Feb. 7)

Paid: \$

Waiver Signature.....

Check__ Cash__ Credit Card__ (Fill out info below)

Name on Credit Card:

Credit Card Number:.....Expiration Date:.....

Type of Card: Visa..... Mastercard.....

Big Sky State Games/Shape Up Montana, Box 7136, Billings, MT 59103

Phone Number: 406-254-7426

Fax Number: 406-254-7439

Signing your name indicates that you have read and agreed to the waiver written below.

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. 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; 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 RELEASES AND HOLDS HARMLESS THE BIG SKY STATE GAMES, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, 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.I give my permission for the free use of my name and/or picture for use in broadcasts, telecasts, newspaper, etc., for the promotion and information purposes of the event organizers.I (and my parent/guardian) have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I (we) have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.