PASADENA SENIOR GAMES TEAM ROSTER

Check One: Basketball____ Softball____

TEAM NAME: _____ AGE OF YOUNGEST PLAYER (for division assignment) :_____

RELEASE OF LIABILITY

PHOTO AND FILM WAIVER: I hereby grant full permission to the organization, their agents, employees and representatives to use my name, voice, and/or picture or film in any broadcast, telecast, advertising, promotion or other use in relation to the Pasadena Senior Games. LIABILITY WAIVER: I, the undersigned participant, hereby agree to indemnify and hold harmless the Pasadena Senior Center and the organizers of the Pasadena Senior Games ("PSG"), hereinafter sometimes referred to as sponsors, their agents, employees, and representatives and assigns, from any and all actions or claims of whatsoever kind of nature which I or my representatives or assigns may have or at any time in the future have due to any injury or property damage arising out of my participation in the PSG. I understand and agree that any dispute over injury or property damage caused by myself or another participant must be settled between the individuals. I warrant and represent to the organizers that I have prepared myself for the event(s) which I have entered by practicing the same prior to my participation. I warrant and represent that I am in good physical health and condition, am physically able to compete in the event(s), and know of no physical restriction whatsoever which would prohibit my participation in the PSG. I have been advised by the organizers that it would be in my best interest to consult a physician prior to my preparation for and participation in this event. I recognize and understand that the preparation and competition may necessitate strenuous physical activity and could possibly activate an unrecognized pre-existing condition which I may have, thereby resulting in serious or life-threatening physical harm to me. The organizers have my permission to have a physician treat me during my participation in the PSG. **All signatories below agree to the waiver.**

PLEASE WRITE LEGIBLY

PRINT NAME	EMAIL	Address	Date of Birth	Signature