

Richmond Highland Games 2019 Athlete Registration Form

Name: _____

Address: _____

City: _____ State/Zip Code: _____

Phone: _____ Email _____

Scottish Family/Clan Name: _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone: _____ Is this person on site with you? YES/NO

Disclaimer and Release

I understand that participation in these athletic events requires significant strength and coordination. I also understand that my participation in the event as a competitor and as an observer on the field exposes me to possible severe injury. I understand that the RICHMOND HIGHLAND GAMES, BLIND SQUIRREL PRODUCTIONS and MID ATLANTIC SCOTTISH ATHLETICS ("Organizers") do not control the actions or the outcome of the actions of the participants. Due to the nature of these events, I understand that it is essential to exercise due diligence with regard to the safety of all participants and spectators. Organizers reserve the right to refuse any applicant the opportunity to participate.

I understand the athletic events may be pictorially recorded for promotional purposes for the Organizers' Athletic Event, and I do hereby consent to the same without compensation.

In consideration of my being permitted to participate in the athletic events, I, the undersigned, for myself, my heirs, executor, and assigns, hereby release, agree to indemnify, and hold harmless, Organizers, their board members, volunteers and agents from liability, suits, claims for bodily or personal injury, damage to or loss of real or personal property, sustained by me or caused by me occurring as a result of my voluntary participation in the Organizers' athletic events.

Signature: _____ Date: _____