

In consideration of being allowed to participate in the BAY STATE GAMES, athletics/sports programs, and related events and activities, the undersigned:

1. Agree that prior to participating, or in the case of a minor participant, the Parent(s) or legal guardian(s) will instruct the minor participant that prior to participating, he/she should inspect the facilities and equipment to be used, and if participant believes anything is unsafe, he/she should immediately inform his/her coach or supervisor(s) of said condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or the conditions of the premises or of any equipment used. Further, that there may be risk not known to us or reasonably foreseeable at this time.
3. Assume the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue the BAY STATE GAMES, its affiliated clubs, their respective administrators, directors, agents, coaches and other employees of the organization, other participants, sponsoring agents, advertisers, volunteers and, if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to each of the undersigned, his/her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be because in whole or in part by the negligence of the releasee or otherwise.
5. I currently have, and agree to maintain throughout the time that I train and compete, valid and sufficient medical and accidental insurance. I understand that this is my sole responsibility and release all persons and entities from providing coverage for me.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I/WE SIGN IT VOLUNTARILY.

Athlete's signature _____ Date _____

If athlete is less than 18 years old, then parent or legal guardian must also sign below

Parent / Guardian signature _____ Date _____ Print Name _____

ATHLETE'S CONSENT FORM

1. I declare I am in good physical condition and have no disease or injury that would impair my ability to compete.
2. I will refrain from consuming alcoholic beverages or non prescribed drugs at all Bay state Games events.
3. I understand that participation in the Bay State Games is a privilege which can be revoked at any time for inappropriate behavior as determined by the Bay State Games.
4. I understand all uniforms, jackets and other awards are the property of the Bay State Games until all final competitions and discipline/eligibility matters have been resolved. I understand individuals or teams may forfeit jackets, medals and other awards if such action is deemed appropriate by Bay State Games.
5. I consent, without compensation, to allow my pictures or likeness to appear in publications, advertisements and/or television coverage of the BAY STATE GAMES in any manner incidental to my participation.
6. I consent to allow my phone number and address to be distributed ONLY to accredited media, college coaches, registered sports scouts and for entry into the State Games of America.
7. I have read, understand, and agree to abide by the rules and regulations outlined by the Bay State Games on baystategames.org
8. I understand that the Bay State Games does not provide housing, transportation or compensation for food or other related expenses to any participant, that all arrangements for housing, transportation and meals during Bay State Games events are the responsibility of the individual participant and that the Bay State Games does not provide any supervision or chaperones for participants related to their travel, lodging or transportation.

I/WE HAVE READ THE ABOVE CONSENT FORM, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I/WE SIGN IT VOLUNTARILY.

Athlete's signature _____ Date _____

If athlete is less than 18 years old, then parent or legal guardian must also sign below

Parent / Guardian signature _____ Date _____ Print Name _____

PERMISSION TO TREAT IN MEDICAL EMERGENCIES

To be signed by parent or guardian if athlete is under 18 years old.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I authorize the Bay State Games, its staff and medical personnel, to transport my child to the nearest medical care facility and secure emergency medical treatment, including hospitalization, injections, anesthesia or surgery.

Parent or Guardian's signature _____ Date _____

Print name of Parent or Guardian _____