### Personal Information

- **First Name:**
- **Last Name:**
- **Mailing Address:**
- **City:**
- **ST:**
- **ZIP:**
- **Sex:**
- **MALE**
- **FEMALE**

### T-Shirt Size
- **(Adult Sizes)**
  - **XS**
  - **S**
  - **M**
  - **L**
  - **XL**
  - **2X**
  - **3X**

- **(Youth Sizes)**
  - **YS**
  - **YM**

### Entry Fee Information
- **Entry Fee**
- **Make Check Payable & Mail to:**
- **Big Sky State Games**
- **BOX 7136**
- **BILLINGS, MT 59103-7136**
- **PH: 406-254-7426**

### Event Information

<table>
<thead>
<tr>
<th>Event</th>
<th>Skill Code</th>
<th>Gender</th>
<th>Age Group or Other</th>
<th>List Events (Example: 5K, 50 Freestyle)</th>
<th>ID#</th>
</tr>
</thead>
</table>

### Swimming Events
- **For Swimming only, Best Time (Meters)**
- **If no time in meters, mark “NT”**
- **Swimming USA**

### Doubles, Partners, Relays & Teams

#### PLEASE LIST
- **Partner for Billiards, Bowling team member, Golf, Pickleball, Racquetball, Table Tennis, Tennis, Track & Field, and Trapshooting,**

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**OFFICE USE ONLY**
- **SC:**
- **PM:**
- **CHK#:**
- **PD:**
- **T:**
- **Staff:**

**INDIVIDUAL ENTRY FORM & WAIVER**

**REGISTER ON-LINE @ bigskygames.org**

**SAVE $ REGISTERING ONLINE**

**REGISTER BY JULY 1 FOR BEST PRICE & T-SHIRT**

**34th Annual - Big Sky State Games**
**July 19, 20, & 21, 2019 (most sports)**

(Refer to entry booklet or bigskygames.org for your event information.)

ONE FORM PER SPORT. ENTER CAREFULLY. COMPLETE BOTH SIDES, USE BLUE OR BLACK INK.
ADULT WAIVER and RELEASE of LIABILITY

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; 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 RELEASE AND HOLD HARMLESS THE BIG SKY STATE GAMES, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, USATF Association & MT USATF Association, 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.

5. I give my permission for the free use of my name and/or pictures for use in broadcasts, telecasts, newspapers, etc., for the promotion and information purposes of the event organizers.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I also agree to follow the rules, policies and code of conduct of the Big Sky State Games.

<table>
<thead>
<tr>
<th>Participant Signature</th>
<th>Participant Printed Name</th>
<th>Date</th>
</tr>
</thead>
</table>

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

I understand 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 Big Sky State Games, their personnel and medical staff, to call an ambulance or transport my child to the nearest medical care facility and secure emergency medical treatment, including hospitalization, injections, anesthesia or surgery.

<table>
<thead>
<tr>
<th>Parent/Guardian Signature/Relationship</th>
<th>Parent/Guardian Printed Name</th>
<th>Date</th>
</tr>
</thead>
</table>

In the event of an injury, medical costs must be paid by the athlete. Entry will not be accepted unless release and waiver are signed.