2021 ShopRite Nutmeg State Games-Individual Sport Athlete Entry Form

Online Registration & Fee Information: www.NutmegStateGames.Org
Phone#: (860) 788 7041 EMAIL: Nutmeg@CSMG, 975 Middle Street, Unit G, Middletown, CT 06457

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First Name:	Last Name	Gender	: Male Female
Date of Birth:	T-Shirt Size: YL YXL S	M L XL 2X Region*: (Circ	le One) North South East West
Street Address:	City:		State: Zip
Cell/ Phone Number:	Email:		
Emergency Contact (First & La	ast Name)	Phone #	! :
SELECT SPORT (Circle One) **	= Required Information. <i>Not</i>	e: Cycling: Use Bikereg.com	Figure Skating Use Entry-EEZE.com
			NASTICS: Division
	MMING YOUTH SWIMMING N		URESTLING OTHER
Swimming / Track & Field: Please	e list the events you will be compe	eting in. Swimmers include bes	st estimated time per event.
-		_	·
	TIME:		TIME:
	TIME:		TIME:
Event (3):	TIME:	_	
HOW DID YOU HEAR ABOUT THE SH	OPRITE NUTMEG STATE GAMES? Co	ach Email Newspaper Postcard F	Poster Previous Participant Radio Web Search
Releas	e of Liability Waiver, Hold F	larmless Agreement, Pled	dge and Consent
responsibility for my participation; and, 3. I willingly agree to comply with the st or participation, I will remove myself fro 4. I, for myself and on behalf of my heir officials, agents and/or employees, volu activity ("Releasees") WITH REPECT TO A WHETHER ARISING FROM THE NEGLIGER 5. I declare that to the best of my knowl to the CSMG, Inc. (Nutmeg State Games, 6. I, also, declare on my honor that I am related events and activities. I will comp 7. I hereby consent to allow my picture to allow my picture or likeness to appea incidental to my participation in the Nut 8. I declare that I have personal medica 9. I acknowledge that I am aware that the all communicable disease, including but Disease (COVID-19) and/or any mutation	ated and customary terms and conditions on participation and bring such to the atternations, assigns, personal representatives and runteers, other participants, sponsoring agany ANY AND ALL INJURY, DISABILITY, DEATH, NCE OF THE RELEEASEES OR OTHERWISE, ledge, I am in good physical condition and, CT Masters Games etc.), its related even an amateur and fulfill the conditions stip poete in the Games, keep myself in top phy or likeness to appear on web and social more in any official documentary, sponsor addreg State Games and without compensal I coverage and that I have read all of the ener are risks to me of exposure to direct not limited to, the virus "severe acute removed and thereof	s for participation. If, however, I obse ention of the CSMG immediately; and next of kin, HEREBY RELEASE, INDEMN encies, sponsors, advertisers, and, if a or loss or damage to person or prope to the fullest extent permitted by law I have no disease or injury that would ts and activities; and, ulated by the CSMG, Inc. (Nutmeg Sta visical condition and retain my amateu nedia pages as well as promotional ma vertisement or exclusive television co- tion to me; and, above and understand the release and by or indirectly arising out of, contribu- spiratory syndrome coronavirus 2 (SA)	IIFY, AND HOLD HARMLESS CSMG, Inc, their officers, applicable, owners and lessor's of premises used or the erty associated with my presence or participation; and, I be aggravated by my participation in activities related ate Games, CT Masters Games etc.), and all of its ir status; and, aterials related to the "Games". I hereby also consent overage of the Nutmeg State Games in any manner d waiver, and by signing it agree to all its items. Ited to, by, or resulting from: an outbreak of any and RS-CoV-2)", which is responsible for Coronavirus
willing to assume the risks associate Management Group and its trustees whatsoever arising out of ordinary is participation in the above activities. I HAVE READ THIS RELEASE OF L	ed with this activity, I hereby volunta s, agents, volunteers and employees negligence which I, my heirs, my assi . I indicate my agreement to this hol	rily agree to waive, hold harmless from any and all claims, demands gns or successors may have agains d harmless elective noted below. ISK AGREEMENT, FULLY UNDEI	s, damages and causes of action of any nature st them for, on account of, or by reason of my RSTAND ITS TERMS, UNDERSTAND THAT I
PARTICIPANTS SIGNATURE		AGE:	DATE:
This is to certify that I, as parent/gua Releasee's, and, for myself, my child a	and our heirs, assigns, and next of kin,	articipant do consent and agree to I release and agree to indemnify a	his/her release as provided above of all the nd hold harmless the Releasee's from any and all FARISING FROM THE NEGLIGENCE OF THE

PARENT/GUARDIAN'S SIGNATURE

RELEASEES, to the fullest extent permitted by law.

PRINT NAME

DATE SIGNED