# 2012 Subway Commonwealth Games of Virginia
# Individual Entry Form

You must fill out a form for EACH sport that you participate in. Consult the website for sport registration fees. **There is an additional $5 fee for mail-in registrations**, to avoid this fee, please register online at www.CommonwealhGames.org. Be sure to sign the waiver and mail registration to: **Virginia Amateur Sports**
711-C 5th Street NE
Roanoke, Virginia 24016

**Athlete Information**:

First Name_____ Last name_____

Gender_____ Email address_____

Address_____

City_____ State_____ Zip_____

Phone number_____ Birthday_____ Age_____

Weight (only Karate & Wrestling)_____

Rank_____ Card # (USS, USJA, USAPL, USTA, etc.)_____

**Event Information:**

| **Event Code(s)** | **Event Name / Division** | **Entry fee** |
|---|---|---|
| _____ - _____ | _____ | $_____ |
| _____ - _____ | _____ | $_____ |
| _____ - _____ | _____ | $_____ |
| _____ - _____ | _____ | $_____ |
| _____ - _____ | _____ | $_____ |

| | |
|---|---|
| **Entry fee** | $_____ |
| **Late fee** | $_____ |
| **$5 mail-in fee** | **$5.00** |
| **Total** | $_____ |

**Credit Card Information**:
(If you would prefer we charge your card instead of sending cashier's check/check, please fill out the information below)

Name on Card_____

Card #_____ Expiration Date_____

Cardholder Signature_____
*( I hereby give VAS permission to charge the above amount to my credit card)*

**Don't forget to sign the waiver on the second page**

VIRGINIA AMATEUR SPORTS, INC.

# Release and Waiver of Liability

I am aware that during my participation and attendance at the Subway Commonwealth Games of Virginia ("Games") and related services and activities, Virginia Amateur Sports, Inc and its agents, employees and associates ("Sponsor") will be providing various facilities and arrangements for the Games, and that certain risks and dangers may arise, including but not limited to hazards inherent in the sport (s) in which I will be training, preparing or competing; negligent or other careless acts and omissions by other participants, spectators and the Sponsor; and hazards or dangerous conditions of the facilities and grounds used as a part of the Games.

In consideration of the acceptance of my entry by the Sponsor and the right granted to me to participate in and attend the Games and related activities, I do hereby assume all the above risk, and agree that, in the event of an injury to me as a result of an accident which occur during my involvement and participation of the Games, my recovery against the Sponsor, shall be limited to a claim for medical expenses incurred as a result of the injury, and only to the extent that such medical expenses are not otherwise covered or paid by my insurance coverage, medical or otherwise. Furthermore, for this consideration, I agree to present my claim for the personal injury to the Sponsor within six (6) months from the date of injury; if I fail to do so, I agree that I will have waived any and all right I have to recover against the Sponsor for said injury.

Additionally, in consideration and acceptance of my entry by the Sponsor and the right to participate in and attend the Games and related activities, I consent to receive any and all emergency medical treatment as may be deemed appropriate under the existing circumstances as then determined by the Sponsor or its agents. I also grant Virginia Amateur Sports, Inc. permission to use likeness, voice, and words in television, radio, film, or in any form to promote activities of the Subway Commonwealth Games of Virginia. I also understand that there will be no refunds.

Participants Signature _____

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**(Following portion pertains only to parent or guardian of a participant who is 17 years of age or younger)**

I have read and consent to the above limitations on recovery and agree on my and my child's behalf that any recovery against the Sponsor for injury arising as a result of an accident which occur during my child's involvement and participation in the Games, should said injury occur due to the negligence of the Sponsor, shall be limited to a claim for medical expenses incurred as a result of said injury, and only to the extent that such medical expenses are not otherwise covered or paid by my child's insurance coverage, medical or otherwise. Furthermore, for this consideration, I agree to present any claim for personal injury to my child to the Sponsor within six (6) months from the date of injury; if I or my child fail to do so, I agree that I will have waived any and all right I have to recover against the Sponsor for said injury.

Additionally, in consideration and acceptance of my child's entry by the Sponsor and the right to participate in and attend the Games and related activities, I consent that my child receive and all emergency medical treatment as may be deemed appropriate under the existing circumstances as then determined by the Sponsor or its agents. I also grant Virginia Amateur Sports. Permission to use my child's likened, voice, and words in television, radio, film, or in any form to promote activities of the Subway Commonwealth Games of Virginia. I also understand that there will be no refunds.

Parents/Guardian Signature (If participant is 17 years of age or younger

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