

Youth Meet Registration (Augustana track on 5/29/26)

Participant Name _____

DOB ____/____/____ Age _____

Address _____ City _____ St _____ Zip _____

Email _____ Phone _____

Entry Fee \$15.00 T-Shirt (Size _____)

**Make Checks out to Quad Cities Senior Olympics and mail to:
Quad Cities Senior Olympics, PO Box 1687, Davenport, IA 52809**

Or bring to meet – be sure to arrive early to complete the registration process.

Waiver Statement: (must be signed by parent or guardian who is over 18 on behalf of participant)

WARNING: READ CAREFULLY. THIS AGREEMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF LEGAL RIGHTS AND DEPRIVES YOU OF THE RIGHT TO SUE THIS EVENT AND OTHER PARTIES. DO NOT SIGN THIS AGREEMENT UNLESS YOU HAVE READ IT IN ITS ENTIRETY. SEEK THE ADVICE OF LEGAL COUNSEL IF YOU ARE UNSURE OF ITS EFFECT.

I understand that my consent to these provisions is given in consideration of the acceptance of this registration and for being permitted to participate in this event. I am a voluntary participant in this event, and in good physical condition. I have been advised that I should seek advice from my physician before undertaking this physical exercise. I have either visited with my physician and received doctor's advice and consent to my exercise program or have waived such advice and consent of my doctor and accept any and all risks.

I KNOW THAT THIS EVENT IS A POTENTIALLY HAZARDOUS ACTIVITY AND I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY INJURY OR ACCIDENT WHICH MAY OCCUR DURING MY PARTICIPATION IN THIS EVENT OR WHILE ON ANY OF THE PREMISES OF THIS EVENT, AND I HEREBY RELEASE AND HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST THIS EVENT AND ANY AFFILIATED INDIVIDUALS OR ENTITIES ASSOCIATED WITH THIS EVENT (THE RELEASEES) FROM ANY LOSS, LIABILITY OR CLAIMS I MAY HAVE ARISING OUT OF MY PARTICIPATION IN THIS EVENT, INCLUDING PERSONAL INJURY OR DAMAGE SUFFERED BY ME OR OTHERS, WHETHER SAME BE CAUSED BY FALLS, CONTACT WITH PARTICIPANTS, CONDITIONS OF THE COURSE, NEGLIGENCE OF THE RELEASEES, COVID 19 or RELATED DISEASES, OR OTHERWISE.

Signature of parent or guardian who is over 18 years of age.

_____ Date _____

Relationship to participant _____

The registration is for the meet not for individual events. Athletes will be called out of the stands to participate in events when they come up.

Adults who bring youngsters to the meet, please be prepared to volunteer. We will really need your help. And don't forget to register for the regular Summer Games. All info on the website at www.qcsogo.org.