

2007 Good Life Games Individual Registration Form

PLEASE PRINT

Is this your first time participating in the Good Life Games

NAME _____
Last First M.I.

MALE FEMALE BIRTHDATE ____ / ____ / ____ AGE ____
Month Day Year As of December 31, 2007

LOCAL ADDRESS _____
Number Street Apt / Space#

CITY _____ STATE _____ ZIP _____

HOME PHONE (_____) _____ I AM INTERESTED IN BEING A VOLUNTEER

ALTERNATE ADDRESS _____
Number Street Apt / Space#

CITY _____ STATE _____ ZIP _____

ALT PHONE (_____) _____ CELL PHONE (_____)

EMAIL ADDRESS _____

EMERGENCY CONTACT _____

PHONE (_____) _____ RELATIONSHIP _____

Please make checks payable to: The Good Life Games

REGISTRATION MUST BE POSTMARKED NO LATER THAN 1 MONTH PRIOR TO THE EVENT

MAIL TO: The Good Life Games, The Long Center, 1501 N Belcher Rd, Clearwater, FL 33765
Or Enter Online: www.GoodLifeGames.org

I know that participating in the Good Life Games is a potentially hazardous activity. I understand that the Good Life Games, Inc. organization is not aware of the extent of my training or physical condition and that no medical examination will be conducted. I should not enter and participate unless I am medically able and properly trained. I have no physical restrictions that would prohibit my participation in the events I have selected. My physician is aware of my intention to participate in the Good Life Games. I assume all risks associated with participating in events I have entered including, but not limited to, falls, contact with other participants, effects of weather, including high heat and/or humidity, traffic and the condition of the facilities, all such risks being known and appreciated by me.

Having read this release and knowing these facts, and in consideration of your accepting this entry, I, for myself, my heirs, and everyone entitled to act on my behalf, waive, discharge, release and covenant not to sue the Good Life Games organization, its respective administrators, directors, agents, coaches, other participants, sponsoring agents, sponsors, advertisers and owners and lessees of premises used to conduct the events, all of which are hereinafter referred to as a "releasees," from any and all liability of any kind, including but not limited to death or damage to property caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

If I should incur injury or illness during the competition, I give my permission for the event officials to transport me to a medical facility for treatment.

I consent to allow my picture or likeness to appear in any media coverage or Good Life Games printed materials, in any manner incidental to my participation in the Good Life Games, and without compensation to me.

I understand that entry fees are non-refundable after March 10, 2007

I SIGNIFY THAT HAVE READ AND AGREE TO THIS WAIVER/RELEASE .

Signature: _____

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EVENT REGISTRATION

REQUEST A TEAM REGISTRATION FORM

1	EVENT CODE	SPORT/ EVENT	PARTNER (If Applicable)	PARTNER'S DOB	EVENT FEE
2					
3					
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	E T S 8 8	Additional T-Shirt @\$5.00 each	Qty _____		
	G L G 8 9	Donation			
T-SHIRT SIZE <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large				REGISTRATION FEE	\$15.00
<input type="checkbox"/> 2X-Large <input type="checkbox"/> 3X-Large <input type="checkbox"/> 4X-Large				TOTAL	

<i>OFFICE USE ONLY:</i> DATE RECEIVED _____		T-SHIRT Small # _____ Medium # _____ Large # _____	
CHECK # _____	AMOUNT _____	INITIALS _____	X-Large # _____ 2X-Large # _____
ENTERED BY _____	DATE ENTERED _____	3X-Large # _____	4X-Large # _____
NOTES: _____			