



# September 13 & 14, 2007

## REGISTRATION FORM

Please complete **THIS PAGE** of the form and enclose it with your check or money order made payable to: WCIEDD, Inc. and mail to: Senior Games Wellness Expo, P. O. Box 359, Terre Haute, IN 47808-0359. The fee to participate is \$10 per person—whether you participate on one day or both days. For more information, call Patty Cannoy at (812) 238-1561 ext. 242 or 1-800-489-1561 ext. 242. **REGISTRATION IN ADVANCE IS HELPFUL, BUT NOT REQUIRED.**

**COST: \$10.00** (includes T-shirt, Lunch on Thursday & Friday, Hors d'oeuvres & Dancing on Thursday evening, and Games & Activities on both days)

**T-SHIRT SIZE:**      M      L      XL      2X      3X

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ Phone ( ) \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ Phone ( ) \_\_\_\_\_

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**THIS SECTION MUST BE SIGNED BY EACH PARTICIPANT**

### LIABILITY WAIVER

I, the undersigned participant, hereby agree to indemnify and hold harmless, Terre Haute Family Y, Terre Haute Parks & Recreation Department, West Central Indiana Economic Development District, Inc., and all other Platinum, Gold, Silver, Bronze, and Booth sponsors, their agents, employees, representatives, volunteers, and assignees from any and all actions or claims of whatsoever nature which I or my representatives or assignees may have or at any time in the future have as a result of any injury arising out of my participation in the Senior Games Wellness Expo.

I attest and verify that I am physically fit and have sufficiently trained for the competition in this event.

I warrant and represent that I am in good physical health and condition. I know of no physical restrictions whatsoever which would prohibit my participation in the events I have selected. I understand that it would be in my best interest to consult my physician prior to my preparation in regard to my participation in the Senior Games Wellness Expo.

The sponsors have permission to have a physician treat me if needed during my participation in the events of the Senior Games Wellness Expo. I have read, and will abide by, the general rules which are available at the event site.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### SPONSORED BY

# AREA 7 AGENCY ON AGING AND DISABLED

## Terre Haute Family Y