

2024 INDIVIDUAL REGISTRATION FORM



New participants: Enclose a copy of a valid driver's license or MVA identification. Please print clearly. Fill out and submit both sides. Check registration deadlines on our website or call. Mail-in registration forms must be received 5 days prior to the event registration deadline.

FULL NAME:

STREET ADDRESS:

CITY:

COUNTY:

STATE:

ZIP:

BIRTH DATE (MO/DAY/YR):

PHONE:

E-MAIL:

EMERGENCY CONTACT:

RELATIONSHIP:

PHONE:

GENDER: Male Female RACE: Caucasian Black Hispanic Asian Other

Are you a: RETURNING ATHLETE NEW ATHLETE

PLEASE VISIT THESE SITES
TO REGISTER FOR



5K RACE:
kentlands.org/kentlands-5k/

10K RACE:
raceforourkids.org

TRIATHLON:
<https://bit.ly/mso2024triathlon>

PARTICIPANT DUES	FEES	NO. OF ITEMS	AMT.
First Event (check your sport(s), event with the highest fee)	\$15 \$30 \$50	one	\$
Each Additional Event	\$5		\$
Team Member, Team:	\$5		\$
ADDITIONAL/OPTIONAL COSTS (COMPLETE ALL THAT APPLY TO YOU)	FEES	NO. OF ITEMS	AMT.
Non-Maryland resident (n/a for state events)	\$10	one	\$
Bowling 10-Pin Lane Fee (per event)	\$12		
Trap Shooting Targets	\$10	one	\$
Golf Fee (includes cart, green fees & range balls)	\$52	one	
Archery	\$20	one	\$
Your tax-deductible additional donation is greatly appreciated!			\$
Mail-In Registration Fee	\$10		\$10
See refund policy on page 4.		TOTAL	\$

ENCLOSE CHECK/MONEY ORDER TO:

Maryland Senior Olympics
PO Box 6655
Columbia, MD 21045

CIRCLE YOUR T-SHIRT SIZE

S M L XL 2XL 3XL

FOR OFFICE USE ONLY

DATE RECEIVED:

CHECK NO.

CHECK AMOUNT: \$

DATE REGISTERED:

2024 INDIVIDUAL REGISTRATION FORM (CONTINUED)



MEDICAL INFORMATION

Please be sure to consult your physician for any health concerns. List anything you want us to be aware of during your participation.

EVENT(S)

An "event" is defined as one activity, i.e. tennis singles and doubles are two activities. Please complete each column of the form for each event you are entering. Include best time/distance for swimming and track and field events, skill level for pickleball, and average 18 hole score for golf. Your age group is determined by your age as of Dec. 31, 2024.

AGE	EVENT DATE (No duplicates.)	EVENT (i.e. Bowling, Singles, etc.)	TIME/DISTANCE/SCORE (Skill level, if applicable.)	DOUBLES PARTNER'S NAME & DOB

Each participant must present a valid driver's license or MVA identification at check in of events.

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LIABILITY WAIVER

I, the undersigned participant, agree to hold harmless and indemnify the Maryland Senior Olympics Commission LTD, Montgomery County, other Maryland counties, and all other sponsors, volunteers or any of their agents or employees from and against any and all liability and claims which I and/or persons through me may have for damages of any kind, including but not limited to personal injuries or death caused in whole or in part by the negligent acts of omission or commission by said indemnities acting independently or jointly in the sponsorship, conduct or operation of the 2024 Maryland Senior Olympics.

I acknowledge the risk of injury from the activities in which I choose to participate are significant, including permanent paralysis or death and represent that I have prepared myself for the event(s) which I have entered by practicing prior to the Maryland Senior Olympics; and, I willingly agree to comply with the prescribed rules for such event(s). Further, to the best of my knowledge and belief, I have no physical restrictions which would prohibit my participation in the events that I have selected. The Maryland Senior Olympics Commissions LTD has my permission to have a physician attend me if deemed necessary during my participation in the Maryland Senior Olympics. I also acknowledge that in places where people gather there exists an inherent risk of exposure to communicable disease or illness, including, without limitation, exposure to COVID-19 or any other bacteria, virus, or other pathogen capable of causing a communicable disease or illness, whether that exposure occurs before, during, or after the event, and regardless of how caused or contracted; and that I assume such risks and waive any and all claims or potential claims against the Maryland Senior Olympics Commission LTD.

I hereby acknowledge I have read and understand all the information above in addition to that stated in the **Release & Waiver of Liability, Assumption of Risk & Indemnity Agreement appearing on the MSOC website at: mdseniorolympics.org/**. Further, fraudulent statements on this application will result in disqualification. The Maryland Senior Olympics Commission LTD also reserves the right to photograph participants for publicity purposes.

X

SIGNATURE OF PARTICIPANT

DATE