

ADC Police Olympics

Team Registration Form

- 1) This is the official roster for the Arkansas Police Olympics. Please keep a copy for your records.
- 2) Team Representative/Coach must complete this roster.
- 3) Each team member must be listed on this roster and must sign the waiver on the back of this form.
- 4) No one may be added to the roster after the deadline for registration.
- 5) Teams who allow someone to play without being on the roster and signing the waiver will forfeit the entire event.
- 6) **All team entries and registration fees will be due by May 24, 2019**
- 7) Send/email completed rosters to Randy.Callas@Arkansas.gov make checks payable to Arkansas Police Olympics - Willis H. Sargent Training Academy, PO Box 325, England, AR 72046.

- | | |
|---|---|
| <input type="checkbox"/> GOLF
<input type="checkbox"/> SOFTBALL
<input type="checkbox"/> SHOOTING | <input type="checkbox"/> BOWLING ___8am___11am___2pm
<input type="checkbox"/> BASKETBALL
<input type="checkbox"/> CYCLING |
|---|---|

Team Name: _____ Team Representative/Coach: _____

Team Representative Contact Info (phone # & email address) _____

	NAME	#
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	NAME	#
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ARKANSAS POLICE OLYMPICS
RELEASE OF LIABILITY AND ASSUMPTION OF RISK MANAGEMENT
READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate and agree that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
- 2) **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation.
- 3) I willingly agree to comply with terms and considerations for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

	Player Name (PRINT)	SIGNATURE	DATE
1	COACH		
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