



ENTRY FORM

NO RACE DAY ENTRY

OCTOBER 9, 2024 • PIONEER PARK

yescrosscountrymeet.org
(406) 254-7426
info@bigskygames.org

REGISTRATION

FREE if registered by October 1
\$10.00 after October 1 • Checks payable to Big Sky State Games

ONLINE Deadline: 11:59 p.m., October 1
<https://yescrosscountrymeet.org/>

PAPER Deadline: 2:00 p.m., October 1 at BSSG Office

PACKET PICK-UP REGISTRATION

October 8 • 3:00 p.m. - 6:00 p.m. • \$10.00/registration

FOR GRADES 3, 4, & 5

Student First Name

Student Last Name

Male Female

Address

City

State Zip Age on race day

School

Grade in School

3rd 4th 5th

Parent/Guardian Phone

Parent/Guardian Email Address

Register online: yescrosscountrymeet.org

Mail* paper registration: Big Sky State Games
Box 7136
Billings, MT 59103

Deliver* paper registration: Big Sky State Games
490 N 31st St
Suite 200
Billings, MT 59101

*Paper registrations must be to BSSG office by 2:00 p.m., October 1, 2023.

Packet pick-up registration: **In Billings Area**
October 8 • 3:00 p.m. - 6:00 p.m.
Mansfield Health Education Center
St. Vincent Healthcare Campus
2900 12th Ave N #30W

Out of Billings Area
October 9 • 3:00 p.m. - 4:00 p.m.
Pioneer Park (Near the tennis courts)

WAIVER

In consideration of being allowed to participate in any way in the BIG SKY STATE GAMES athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 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; and,
- I willingly agree to comply with the stated and customary terms and conditions for participation. IF, however, 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; and,
- I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE BIG SKY STATE GAMES, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
- I grant permission to all of the foregoing to use my photographs which I may share online as part of the event, personal data provided during registration and post-event reporting, video or audio recordings, or any other record of this event for any legitimate purpose.
- I acknowledge that I am aware that there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from: An outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof;
- Organizers reserve the right to bar the participant from the event if it is reported to and confirmed by organizers that the participant is a registered sex offender.

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.

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

I understand every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I authorize Montana Amateur Sports, dba Big Sky State Games, their personnel and medical staff, to call an ambulance or transport my child to the nearest medical care facility and secure emergency medical treatment, including hospitalization, injections, anesthesia or surgery. In the event of an injury, medical costs must be paid by the participant.

Parent/Guardian Signature/Relationship

Parent/Guardian Printed Name

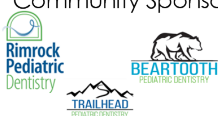
Date

Entry will not be accepted unless release and waiver are signed.

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Event of

