



2012 Jacksonville Highland Scottish Games Inc.

D/b/a Northeast Florida Scottish Games and Festival

Athletic Entry Form

Games: Saturday, February 25th, 2012 8:30 a.m. until 5:00 p.m. Clay County Fairgrounds

Registration Fee \$10.00 includes (admission, t-shirt, games wrist band & lunch) **Please print**

Name: _____

E-mail address _____ **Age** _____

Street Address/City/State/Zip Code _____ **Phone** _____

Are you a member of the Combat Injured Veterans Highland Games Team? ____ Y/N

Family Members attending: _____ pre-paid reduced admission for athletes family members \$ 10.00 per paid children under 10 years of age free.

T-shirt size: _____ Requested Division _____ (Amateur A, Amateur B, Amateur C, Masters, Novices (1st time), Women's)



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Please read completely and sign below:

"I have read and understand the rules and regulations for this competition and wish to be entered in the event listed above. I fully understand that the event listed above have has inherent risks and danger including injury to my person and/or property that may be caused by my participation in event. In consideration for being allowed on any athletic field, I hereby release any and all claims of injury and/or inconvenience that I, my heirs, agents, representatives, and/or administrators of my estate may have in damages which I may have suffered while on any athletic field upon which Jacksonville Scottish Highland Games d/b/a Northeast Florida Scottish Games and Festival (hereinafter J.S.H.G.) is using, against the J.S.H.G., and it's agents and/or representatives, and the owner of the property on which the competition is held, including and claim of damages arising out of any NEGLIGENCE of J.S.H.G., its agents and/or representatives, including committee members, athletic directors, judges, and scorekeepers. I also understand and agree that any photographs, slides, videotapes, or moving pictures that may be made by and for the J.S.H.G. of the participants of any competition may be used by the J.S.H.G., in any manner. I understand that only participants and officials are allowed on the playing fields. All others, including spouses and/or families will remain behind all barriers. Anyone not authorized in the area will be asked to leave the area and/or escorted off the premises."

Signed: _____ Date: _____

Credit Card Number _____ type _____

Name on card _____ Security Code _____ Expiration Date _____

Return completed form with SASE and check made payable to JSHG, to: Janice Clement 780 Marshview Dr., Richmond Hill, GA 31324, (912) 656-0456 clemvat@coastalnow.net

Make checks payable to: JSHG