PERSONAL INFORMATION

SERION DIVIDIRE

Officials Form

PLEASE NOTE: For insurance purposes, this form must be completely filled out by all officials, referees, umpires or judges prior to engaging in any activity related to the Sunflower State Games. Upon completion, please submit this form to the Sport Commissioner.



Name: (First)		(Last)			
Mailing Address:					
City:		State:	Zip:		
Day Phone:	Evening Phone:				
Birthdate: / /	Age:	Gender: M / F			
Email Address:					
Emergency Contact Name & Phone:					
Sport:					
How did you hear about officiating for the Sunflower State Games?					
IMPORTANT: All officials m	uist review and sion th	e waiver form on the	hack of this sheet		
	age of 18 must have a				
Please note that all of	ficials under the age of 16	must be accompanied b	y an adult.		

Your assistance is greatly appreciated. The Sunflower State Games would not be possible without your help in officiating this event. Please check in with the Sport Commissioner to obtain your assignment and times to work. We look forward to having you on our team and THANK YOU!

COMMISSIONERS / OFFICIALS

Sunflower State Games Officials Waiver

This document is impor	tant, must be read in its entirety an	nd signed before any volunte	eer is allowed to participate.		
P	rinted Name	Sı	port		
	VAIVER: In consideration of ower State Games athletic prograd agree that:				
	the activities involved in this pro while particular rules, equipmen and,				
	FREELY ASSUME ALL SUCH NCE OF THE RELEASEES or (
observe any unusual sign	inply with the stated and custom nificant hazard during my present ention of the nearest official imme	ce or participation, I will rea			
exclusive television, ra-	reby consent to allow my picture and/or voice or likeness to appear in any official documentary, promotional usive television, radio or film coverage of the Sunflower State Games in any manner incidental to my icipation in the Sunflower State Games and without compensation to me; and,				
HOLD HARMLESS the sponsoring agencies, sponsoring (Releasees"). With	alf of my heirs, assigns personal a Sunflower State Games, their off onsors, advertisers, and, if applic a respect to any and all injury, of enegligence of the releasees or oth	cicers, officials, agents and/o cable, owners and lessors of disability, death, or loss or	or employees, other participants, f premises used to conduct the		
deadline, entries received	ng refund policy: There will be not after the maximum number of privision. No refunds will be permi	participants have been regist	ered, or if there are not enough		
	nflower State Games is not respontators assume their own risk as it				
	Sunflower State Games standards nes by not engaging in verbal or				
	ability and assumption of agreemening it and sign it freely and voljury insurance.				
Date	Official's S	ignature	Age		
legal responsibility for this and, for myself, my heirs, from any and all liabilities	IINOR AGE (under 18 at time of a participant, do consent and agree assigns, and next of kin, I release incident to my minor child's in FROM THE NEGLIGENCE OF	e to his/her release as provi e and agree to indemnify an volvement or participation	ded about of all the Releasees, and hold harmless the Releasees in these programs as provided		
Date	Parent/Guard	ian's Signature			