



2024 Rhode Island Senior Games Registration – Golf

EVENT INFORMATION:

RI Senior Games Ambassador and Tournament Director: Bob Murphy (info@riseniorgames.org)

Date/Time: Wednesday, October 9, 2024 (11:00 AM Shotgun start)

Location: Triggs Memorial Golf Course, 1533 Chalkstone Ave, Providence RI 02909

Event/Format: Individual stroke play within each age bracket.

Gold, silver, and bronze medals awarded to the top 3 positions within each 5-year age bracket - both gross and net (50-54, 55-59, 60-64, 65-69 ... 90+). Competition is open to out-of-state athletes.

Fee: \$75 per athlete (includes golf, cart, awards, and dinner).

Deadline: October 2, 2024

**NATIONAL SENIOR GAMES: THIS IS A QUALIFYING YEAR FOR THE
2025 NATIONAL SENIOR GAMES TO BE HELD IN DES MOINES, IA (WWW.NSGA.COM/SPORTS)**

ATHLETE INFORMATION:

Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Cell Phone: (____) _____ - _____

Email Address: _____

Date of Birth: ____/____/____ Age: (as of 12/31/24) _____

PROUD MEMBER

Additional info: www.riseniorgames.org

Questions: info@riseniorgames.org





Registration Fee:

\$75 per athlete (includes golf, cart, awards, and dinner)

Handicap _____

RELEASE OF LIABILITY -- READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Rhode Island Senior Games program, its 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, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
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; and,
3. 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 RISG immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE RHODE ISLAND SENIOR GAMES, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for the activity ("Releases"), 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, to the fullest extent permitted by law.
5. I consent to have my picture or likeness used in any media representation of the RISG incidental to my participation

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.

Signature: _____ Date: ____ / ____ / 2024

Print Name: _____

**PLEASE MAIL PAGES AND CHECK (payable to Rhode Island Senior Games) TO:
RHODE ISLAND SENIOR GAMES, c/o Bob Murphy, 175 Randall Ave, Warwick RI 02889**

PROUD MEMBER

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Questions: info@riseniorgames.org

