



# 2010 CORNHUSKER STATE GAMES ROSTER CHANGE FORM

THIS FORM IS FOR ALL TEAM SPORTS TAKING PLACE THE WEEKEND OF JUNE 25-27, 2010.

This completed form and **\$10** per change processing fee (*cash, money order, cashier's check or credit card*) must be in the Games office by 5 p.m. on **Tuesday, June 22**. Return to: Cornhusker State Games, P.O. Box 29366, Lincoln, NE 68529 or fax with credit card information to 402-471-9712. With questions, call (402) 471-2544.

**PLAYER ADDITIONS:** If adding a player, the PER PLAYER entry fee **MUST BE INCLUDED** with the **\$10** roster change fee. See detailed sport information for proper fee at [CornhuskerStateGames.com](http://CornhuskerStateGames.com).

### PART A

Sport \_\_\_\_\_ Division \_\_\_\_\_ Team Name \_\_\_\_\_  
Team Representative \_\_\_\_\_ Phone # \_\_\_\_\_

### PART B—ATHLETE BEING ADDED TO ROSTER OR SUBSTITUTING

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_  
CITY STATE ZIP

Shirt Size (*Circle One*)    6-8    10-12    14-16    S    M    L    XL    XXL (\$1 Extra)    XXXL (\$2 Extra)

### PART C—FOR SUBSTITUTIONS ONLY!

Athlete Subbed For \_\_\_\_\_ Phone # \_\_\_\_\_

**ATHLETE BEING ADDED OR SUBSTITUTING MUST COMPLETE WAIVER ON THE BACK OF THIS FORM!**

MasterCard     Visa     Discover     American Express

Name on Card \_\_\_\_\_ Billing Address \_\_\_\_\_  
CITY STATE ZIP

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_



## INDIVIDUAL WAIVER AND RELEASE OF LIABILITY

(This document is important, should be read in its entirety  
and signed by the athlete being added or substituting)

In consideration of being allowed to participate in any way in the CORNHUSKER STATE GAMES athletics/sports program, and related events and activities, the undersigned:

1. Agrees that prior to participating, he/she will inspect the facilities and equipment to be used, and if he/she believes anything is unsafe, will immediately advise his/her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledges and fully understands that he/she will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from his/her own actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known or not reasonably foreseeable at this time.
3. Assumes all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent disability or death.
4. Releases, waives, discharges and covenants not to sue the CORNHUSKER STATE GAMES, its affiliated clubs, their respective administrators, directors, agents, coaches and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY. THIS FORM WAIVES LIABILITY FOR NEGLIGENCE. THIS AGREEMENT CANNOT BE MODIFIED ORALLY.

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(Date)

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(Athlete's Signature)

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(Sport)

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(Parent or guardian must sign if  
athlete is 18 years old or younger)