



Team Entry Form

FOR OFFICE USE ONLY	DATE REC _____
	AMT REC _____
	_____ # _____

Complete entry form & send to:

MAIL: Cornhusker State Games, P.O. Box 29366, Lincoln, NE 68529
EMAIL: info@nebraskasportscouncil.com **FAX:** 402-413-1119.

If mailing entry form, please include complete payment. For security reasons, do not fax or email credit card information. If you wish to fax or email this form & pay via credit card, please call the Cornhusker State Games office at 402-471-2544 with payment info after faxing/emailing.

\$10 Processing Fee for Paper

Registrations via paper entry form will include a \$10 per team processing fee.

Consult your sport info at CornhuskerStateGames.com to view entry fees, deadlines, special instructions and other details before submitting completed entry form and payment.

► Coach/Team Representative Information

LAST NAME _____	FIRST NAME _____	PHONE # _____
ADDRESS _____	CITY _____	STATE _____ ZIP _____
EMAIL _____	BIRTHDATE _____	GENDER _____

► Sport & Team Information

SPORT <input type="text"/>	DIVISION/ EVENT <input type="text"/>	EVENT CODE <input type="text"/>
TEAM NAME <input type="text"/>		

ROSTER AND WAIVER ON REVERSE SIDE MUST BE SIGNED BY ALL PLAYERS.
Parent or guardian must sign for participants 18 years or younger.

► RATE YOUR TEAM AS IT PERTAINS TO YOUR DIVISION **1** ABOVE AVERAGE **2** AVERAGE **3** BELOW AVERAGE

ADDITIONAL DETAILS/SPECIAL INSTRUCTIONS

There is **no packet pickup**—information or items needed for competition, i.e. schedules, maps, bib numbers, will be provided onsite or online according to instructions emailed to athletes. CSG souvenir items can be purchased on our online Apparel Shop.

► Checkout Include a check made payable to Cornhusker State Games or enter credit card information below.

ENTRY FEE	+	PROCESSING FEE	+	DONATION	=	TOTAL
\$ <input type="text"/>		\$ 10		\$ <input type="text"/>		\$ <input type="text"/>
		<small>\$10 Processing fee added to team paper entry forms.</small>		<small>OPTIONAL and tax deductible</small>		

CHECK/CASH ENCLOSED PAY WITH CREDIT CARD: Visa MasterCard Discover American Express

CARDHOLDER'S NAME (PLEASE PRINT) _____ CARD NUMBER _____

CARDHOLDER'S SIGNATURE _____ EXPIRATION DATE _____ SECURITY CODE _____
[3-Digit Code on Back of Card]

TEAM WAIVER AND RELEASE OF LIABILITY

THIS DOCUMENT IS IMPORTANT, SHOULD BE READ IN ITS ENTIRETY AND SIGNED.



In consideration of being allowed to participate in any way in the CORNHUSKER STATE GAMES, 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 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.
3. Assumes all the foregoing risks and accepts personal responsibility for the damages following such an injury, permanent disability or death.
4. Releases, waives, discharges and covenants not to sue the NEBRASKA SPORTS COUNCIL, CORNHUSKER STATE GAMES and/or NATIONAL CONGRESS OF STATE GAMES, affiliated clubs, respective administrators, directors, agents, coaches and other employees of the organizations, 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 the 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.
5. Understands the following refund policy: There will be NO refunds of entry fees because of inclement weather or other acts of nature. The only exceptions to the no-refund policy are: Entries received after the entry deadline; Entries of non-qualified entrants; Entries of those prohibited from participating due to errors made by the Nebraska Sports Council, Cornhusker State Games and/or National Congress of State Games; Special circumstances as determined on an individual basis by the Board of Directors and requiring board action. NO REFUNDS WILL BE PERMITTED SIMPLY BECAUSE AN ATHLETE FAILS TO PARTICIPATE.
6. Agrees to allow the Nebraska Sports Council, Cornhusker State Games and/or National Congress of State Games to photograph him/her during the 2023 Cornhusker State Games and to display his/her image in Nebraska Sports Council, Cornhusker State Games and/or National Congress of State Games promotions, including social media sites such as Facebook, Twitter, YouTube, Instagram, etc.
7. Pledges to adhere to the Nebraska Sports Council, Cornhusker State Games and National Congress of State Games standards of sportsmanship and respect opponents, coaches, officials and spectators at all times by not engaging in verbal or physical altercations at any time before, during or after competition.
8. Acknowledge that he/she is 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.
9. Acknowledges that he/she is aware of the Concussion Awareness Law (LB 260) and understands that information is available at www.cdc.gov.
10. I agree that I qualify to participate in the Cornhusker State Games according to the eligibility rules listed on the Cornhusker State Games website (CornhuskerStateGames.com).

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.

TEAM NAME _____

SPORT _____

COACH/TEAM REP NAME (PLEASE PRINT) _____

COACH/TEAM REP SIGNATURE _____

DATE _____

**ALL TEAM MEMBERS MUST SIGN. PARENT OR GUARDIAN MUST SIGN FOR PARTICIPANTS 18 YEARS OR YOUNGER.
TEAM ROSTER AND WAIVER MUST BE COMPLETED IN FULL. PLEASE PRINT OR TYPE CLEARLY.**

FIRST NAME _____ LAST NAME _____ SIGNATURE _____

EMAIL _____ PHONE _____ BIRTHDATE _____ GENDER _____
(Optional) (Optional)

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