

# Louisiana Nursing Home Olympics Registration and Waiver

Complete a separate form for each event each resident enters. A resident may enter no more than two events, with the exception of Socrates Trivia, which is too time-consuming for multiple entries. Please print or type.

|                               |                             |                                   |
|-------------------------------|-----------------------------|-----------------------------------|
| Last Name                     | First Name                  | Middle Initial                    |
| Age                           | Sex: Male or Female         | Facility Name                     |
| LNHA Region                   | Medicare eligibility number | Other insurance policy and number |
| Name of closest family member | Street address              | City                              |
| State                         | Zip                         | Phone                             |

## Check event

|                          |                          |                          |                          |                          |                          |                                       |  |   |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------------------------------|--|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>              | <input type="checkbox"/>               | <input type="checkbox"/>                          |
| Spectator                | Beanbag toss             | Shot Put                 | Discus Throw             | Socrates Trivia          | Horseshoes               | Chariot Race (propelled by feet only) | Chariot Race (propelled by hands only) | Chariot Race (propelled by hand/feet combination) |

\_\_\_\_\_ has been examined by me and in my professional opinion is physically able to participate in the event(s) circled above.

|                     |                    |      |
|---------------------|--------------------|------|
| Print Doctor's Name | Doctor's Signature | Date |
|---------------------|--------------------|------|

I, \_\_\_\_\_, wish to participate in the Louisiana Nursing Home Olympics.

I hereby release \_\_\_\_\_, its owners and/or stockholders, the Louisiana Nursing Home Association and their officers, agents and employees of liability arising out of such participation. I also understand that photo and possibly motion pictures will be taken to document this event. I release the right to use those likenesses in that standard, honorable fashion. I further acknowledge that I have read the above release and understand its contents.

|      |                                 |                             |
|------|---------------------------------|-----------------------------|
| Date | Resident (or curator) signature | Responsible party signature |
|------|---------------------------------|-----------------------------|