

Virginia Amateur Sports, Inc.

711 C 5th Street, NE Roanoke, Virginia 24016 (540) 343-0987 FAX (540) 343-7407 www.commonwealthgames.org

#### **SPONSORS**

TITLE Subway

PRESENTING

ABC 13 WSET City of Roanoke City of Salem Roanoke County

PREMIERE

Kroger Foot Levelers

GOLD MEDAL

Arby's
Ethos
First Team Auto Mall
K92
Magic City Ford
Magnets USA
Play By Play
Rivanna Gear & Apparel
Roanoke Vailey CVB
Sherwood Memorial Park
Spectrum Sports Academy
Union First Market Bank
VelocityCare

Virginia High School League

Complete Small Business Solutions
Grand Home Furnishings
Hargrave Military Academy
Holiday Inn - Tanglewood
Home Magazine
INTotal Health
Lanford Brothers
Professional Therapies
Sheraton Roanoke
Smith River Sports Complex

BRONZE MEDAL
Adventures in Advertising

Appalachian Power Company
Blue Ridge Independent Living Ctr
Dominion Lodging
Jewell, Inc
Mountain Springs Water
Roanoke Fruit & Produce
Sheetz
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Stop In VA529 Virginia Premier Health Plan

VCOM PARTNER

Access
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Carrabba's
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Gander Mountain
Golden Corral
Hall Community Services
Jefferson College of Health Sciences
New Hope Support Services



August 27, 2014

To: Virginia Club Members

From: Cheryl Johnson, Meet Director

Re: 2014 Subway Commonwealth Games of Virginia

VA Techniques is excited to host the 2014 Subway Commonwealth Games of Virginia. The competition will be held at VA Techniques Gymnastics in Christiansburg on November 15-16, 2014. Enclosed are the forms and information unique to this event.

Both the attached USAG Competition Entry Form and the Subway Commonwealth Games of Virginia Release and Waiver of Liability Form must be submitted. Please make sure that each athlete's parent signs the waiver. Please make copies if additional forms are needed.

#### Please mail all information to Host Site:

VA Techniques Gymnastics 1550 Roanoke Street, Suite C Christiansburg, VA 24073

All entries must be received by October 10, 2014 and checks should be written out to VAS.

Thank you in advance for your cooperation and support of the Subway Commonwealth Games of Virginia. We hope to see you soon.

VIRGINIA TECHNIQUES
PRESENTS

# COMMONWEALTH GAMES OF VIRGINIA



NOV 15-16, 2014

LEVELS 3-10, XCEL \$80 PER GYMNAST, PAYABLE TO VAS

**ENTRY DEADLINE: OCT 10** 





## Coaches – Please have every member of your official roster or their parent/guardian sign this form.

#### Release and Waiver of Liability

I am aware that during my participation and attendance at the Subway Commonwealth Games of Virginia ("Games") and related services and activities, Virginia Amateur Sports, Inc and its agents, employees and associates ("Sponsor") will be providing various facilities and arrangements for the Games, and that certain risks and dangers may arise, including but not limited to hazards inherent in the sport (s) in which I will be training, preparing or competing; negligent or other careless acts and omissions by other participants, spectators and the Sponsor; and hazards or dangerous conditions of the facilities and grounds used as a part of the Games.

In consideration of the acceptance of my entry by the Sponsor and the right granted to me to participate in and attend the Games and related activities, I do hereby assume all the above risk, and agree that, in the event of an injury to me as a result of an accident which occur during my involvement and participation of the Games, my recovery against the Sponsor, shall be limited to a claim for medical expenses incurred as a result of the injury, and only to the extent that such medical expenses are not otherwise covered or paid by my insurance coverage, medical or otherwise. Furthermore, for this consideration, I agree to present my claim for the personal injury to the Sponsor within six (6) months from the date of injury; if I fail to do so, I agree that I will have waived any and all right I have to recover against the Sponsor for said injury.

Additionally, in consideration and acceptance of my entry by the Sponsor and the right to participate in and attend the Games and related activities, I consent to receive any and all emergency medical treatment as may be deemed appropriate under the existing circumstances as then determined by the Sponsor or its agents. I also grant Virginia Amateur Sports, Inc. permission to use likeness, voice, and words in television, radio, film, or in any form to promote activities of the Subway Commonwealth Games of Virginia. I also understand that there will be no refunds.

## (Following portion pertains only to parent or guardian of a participant who is 17 years of age or younger)

I have read and consent to the above limitations on recovery and agree on my and my child's behalf that any recovery against the Sponsor for injury arising as a result of an accident which occur during my child's involvement and participation in the Games, should said injury occur due to the negligence of the Sponsor, shall be limited to a claim for medical expenses incurred as a result of said injury, and only to the extent that such medical expenses are not otherwise covered or paid by my child's insurance coverage, medical or otherwise. Furthermore, for this consideration, I agree to present any claim for personal injury to my child to the Sponsor within six (6) months from the date of injury; if I or my child fail to do so, I agree that I will have waived any and all right I have to recover against the Sponsor for said injury.

Additionally, in consideration and acceptance of my child's entry by the Sponsor and the right to participate in and attend the Games and related activities, I consent that my child receive and all emergency medical treatment as may be deemed appropriate under the existing circumstances as then determined by the Sponsor or its agents. I also grant Virginia Amateur Sports. Permission to use my child's likened, voice, and words in television, radio, film, or in any form to promote activities of the Subway Commonwealth Games of Virginia. I also understand that there will be no refunds.

Athlete Name (Printed)	Athlete Signature	Parent/Guardian Signature		
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ream Name:	Con	tact:	
Email Address:			
Phone No.:			
Address:			
City, State, Zip:			
Coach Name:	USAG No.	Safe Exp.	
Coach Name:	USAG No	Safe Exp	
Canala Nassas	LICAC No	Cofo Fun	

November 15-16, 2014

Athlete Name	USAG No.	Level	DOB
Atmetervanie	OSAG NO.	LCVCI	

Total Number of Gymnasts \_\_\_\_\_ X \$80 = \_\_\_\_