

**2016 Indianapolis Scottish Highland Games & Festival**  
**Athlete Information Form**  
**(Some information will be used by announcer)**  
**Scottish Foundation of Indianapolis**  
**11722 Allisonville Rd Suite 103 #234**  
**Fishers, IN 46038**

**PLEASE PRINT**

Athlete Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

City / State: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Date & Location of First Highland Game Competition: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Children (no or yes/how many) \_\_\_\_\_

Profession: \_\_\_\_\_

Kilt Tartan: \_\_\_\_\_ Clan Affiliation: \_\_\_\_\_

Hobbies / Other Biography Information:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Best Completion Mark:** *(numbers will be used for newer athletes for class determination – if you have not competed in a particular event please mark N/A)*

Braemar Stone	feet	Open Stone	feet
Light Weight for Distance	feet	Heavy Weight for Distance	feet
Light Hammer	feet	Heavy Hammer	feet
Sheaf	feet	Weight Over Bar	feet

**Participant Hold Harmless Waiver**

I, \_\_\_\_\_, who will act as the Participant of the **Scottish Highland Games**, at the **Indianapolis Scottish Highland Games and Festival**, do understand and agree that I will hold the said Event and its insurance carrier harmless in the event that I, personally, suffer any injury or accident during the performance of my duties as participant. I also understand that **this waiver applies ONLY to me personally** and not to any other participant or guest (General Public) who may be injured or suffer an accident within the confines of my area (for Clans, Societies and Vendors). I agree that I will underwrite any medical costs or other costs

related to my injury or accident personally and/or in conjunction with my personal insurance carrier, and that in accordance with this waiver, I will not file a claim against the **Scottish Society of Indianapolis, Inc., or The Indianapolis Scottish Highland Games and Festival, The Scottish Foundation of Indianapolis, Inc., or German Park**, or their insurance carriers at some later date for such injury or accident that occurs within the confines of my clan, society or vendor area.

**I acknowledge that this Hold Harmless Waiver applies only to my activities within the confines of my area or tent. When I am attending the events or activities during the Games-Festival outside of my area or tent I will be treated like any other member of the general public.**

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2016

Signature: \_\_\_\_\_

Printed Full Name: \_\_\_\_\_