



COED DODGE BALL TOURNAMENT

TEAM NAME _____ MANAGER NAME _____

ADDRESS _____ CITY _____

ZIP CODE _____ DAY/EVENING TELEPHONE _____ / _____

EMAIL _____

One Division Starting Saturday June 25th @ 12:00 P.M
Co-Ed 8-on-8 18 & Over
Any Number of Guys or Girls Per Team

Double Elimination Terminate
Match Victory = Best 2 of 3 Games

\$120.00 Per Team/Cash or Check
Due NO Later Than June 23, 2010 At 10:00 P.M



WARNING OF RISK

Recreational activities/programs are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandingly, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to acts of God, inclement weather, slipping, falling, inadequate or defective equipment, failure to supervision, instruction or officiating, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the (District/SRA) to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and playing for the above referenced team, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, relinquish all claims I or my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims my minor child/ward or I may have (or accrue to my child/ward or me) as a result of participating in this program/activity against the (Daiquiri Factory/Factory Productions, Inc.), including its officials, agents, volunteers, and employees (hereinafter collectively referred as "(Daiquiri Factory/FPI)").

I do hereby fully release and forever discharge the (Daiquiri Factory/FPI) from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as original form signature.

TEAM ROSTER

PLAYER'S NAME AND PHONE (please print)

SIGNATURE (18 years or older) E-MAIL ADDRESS

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

- Teams Must Be Present at the Daiquiri Factory Friday June 24 at 7:00 P.M for an informational meeting and to review the players' bracket.
- Team Payment is due when team drops off the team roster at the Daiquiri Factory or purchased on-line at www.daiquirifactory.com. (Make checks payable to Factory Productions, Inc.)

PRIZES FOR:

1st - \$1,000.00

2nd - \$250.00

DROP OFF LOCATION:

DAIQUIRI FACTORY (IN THE DISTRICT OF ROCK ISLAND)

1809 2nd AVE

ROCK ISLAND, IL 61201

PHONE 309-283-1809