

Dig'n for Dogs

Sand Volleyball Team Registration Form and Liability Waiver

(ALL FORMS MUST BE COMPLETED)

TODAYS DATE _____ TEAM CAPTAIN _____

CONTACT NUMBER _____ CAPTAINS EMAIL _____

TEAM CAPTAIN ADDRESS _____

CITY _____ STATE _____ ZIP _____

TEAM NAME _____

***All players must be at least 16 years of age to participate. Your team must consist of male and female competitors, and must be a 1:1 ratio. Anyone under the age of 18 must have a parent sign the below waiver for participation.**

Brackets are Quads and Sixes- if you have a team of 6 you will be placed in the Sixes bracket.

Registration is \$25 per person, Team Captain must register prior to July 9th with a \$25 deposit in order to hold your team's position and to receive FREE shirts. Complete payment is due on or before day of event. Aug, 6th 2016. Anyone registering after July 9th is not guaranteed a shirt.

Send your registration and deposit to:

Amber Hoover, 10431 Altheide Rd, Mt. Vernon IN 47620

AMOUNT ENCLOSED \$ _____

CHECK NUMBER _____

CAPTAIN SIGNATURE _____ DATE _____

TEAM ROSTER

Team Name: _____

PLAYER (Captain) 1

NAME _____

EMAIL _____

SHIRT SIZE S M L XL XXL

PLAYER 2

NAME _____

EMAIL _____

SHIRT SIZE S M L XL XXL

PLAYER 3

NAME _____

EMAIL _____

SHIRT SIZE S M L XL XXL

PLAYER 4

NAME _____

EMAIL _____

SHIRT SIZE S M L XL XXL

PLAYER 5

NAME _____

EMAIL _____

SHIRT SIZE S M L XL XXL

PLAYER 6

NAME _____

EMAIL _____

SHIRT SIZE S M L XL XXL

Additional shirts can be purchased for \$15 and must be paid for in advance

SHIRT SIZE S M L XL XXL (add \$2)

SHIRT SIZE S M L XL XXL (add \$2)

SHIRT SIZE S M L XL XXL (add \$2)

Total \$ _____

Dig'n for Dogs

INDEMNIFICATION, WAIVER AND RELEASE OF CLAIMS

In consideration of being allowed to participate in any way in the Dig'n for Dogs sand volleyball program, related activities and events (the "Program"), the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in the Program is significant, including the potential for permanent disability and death, and while particular rules, equipment and personal discipline may reduce the risk, the risk of injury to me exists; and,
2. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation, including the rules, regulation and officiating of Dig'n for Dogs. If I observe any unusual significant concern in my readiness for participation and/or in the Program itself, I will remove myself from participation and bring such to the attention of the officials or authorized personnel of Dig'n for dogs; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives, **HEREBY RELEASE** Dig'n for Dogs (PC Pound Puppies and the City of Evansville), its assigns, successors, employees, agents, invitees, sponsors, participants, owners, directors and members, and the lessors of the premises used to conduct the Program, and all other persons or entities involved, directly or indirectly, in the Program (the "Releasees"), **WITH RESPECT TO ANY AND ALL INJURIES**, personal or property, **DISABILITIES, DEATH, or LOSSES or DAMAGES** to person or property, **CLAIMS, CAUSES OF ACTION**, known or unknown, incident to or arising out of my involvement or participation in the Programs, or observation thereof, **WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE**, to the fullest extent permitted by the laws of the State of Indiana; and,
5. I, for myself and on behalf of my heirs, assigns and personal representatives, **HEREBY INDEMNIFY and HOLD HARMLESS** all of the Releases from any and all liabilities incident to my involvement or participation in the Program, **EVEN IF ARISING FROM THEIR NEGLIGENCE**, to the fullest extent permitted by the laws of the State of Indiana.
6. **I HAVE CAREFULLY READ AND UNDERSTAND THE TERMS OF THIS LEGAL DOCUMENT AND UNDERSTAND THAT THIS DOCUMENT IS INTENDED AND SHALL BE CONSTRUED TO BE A FULL AND FINAL RELEASE AND WAIVER OF ALL CLAIMS AGAINST THE RELEASEES AND AN INDEMNIFICATION FROM ALL LIABILITIES.**

Team Name

Team Captain Address

City State Zip Code

Team Captain Full Name (please print) Age & Signature

Full Name (please print) Age & Signature

Full Name (please print) Age & Signature

Full Name (please print) Age & Signature

Full Name (please print) Age & Signature

Full Name (please print) Age & Signature