

Quarry Days

Coed Sand Volleyball Tournament

Tournament Sign-Up Sheet

What: A *fun* coed volleyball tournament

Where: City Park Volleyball Court

When: Saturday June 22nd: Begins at 1:00 p.m.

Team Name: _____

Team Captain: _____ **Team Captain Phone #:** _____

Team Captain Address: _____ **Team Captain Email:** _____

Team Members: (Up to 5 players at least 2 women per team)

1. _____ 4. _____

2. _____ 5. _____

3. _____



Please return this Sign-up Sheet, Release Forms, and the \$25 tournament fee to P.O. Box 81, Dell Rapids SD, 57022 by **Thursday, June 20, 2019**. Schedules and tournament information will be e-mailed to the Team Captains by Friday, June 21, 2019. **Team captains are responsible to inform their team of schedule and rules.**

Dell Rapids Quarry Days
Coed Volleyball Tournament
Player Release of Liability Form

Team Name: _____ **Team Captain:** _____

Player Full Name: _____

Gender: Female ___ Male ___ **Date of Birth:** _____ **Age:** _____

Contact Number: _____ **Tournament (Check One):** Adult ___ under 18 ___

WAIVER, RELEASE AND ASSUMPTION OF RISK: In consideration of my participation in the Quarry Days Coed Volleyball Tournament, I hereby waive, release and discharge all claims for damages for death, personal injury, or property damage which may occur as a result of my participation in the volleyball tournament or any activity incident thereto. This release discharges in advance the Dell Rapids Chamber, the City of Dell Rapids, its officers, agents, servants, and employees, game officials and referees (hereinafter referred to collectively as "CITY") from liability even though that liability may arise out of the CITY'S active or passive negligence or carelessness. I acknowledge that some recreational activities, including basketball, involve an element of risk or danger of accidents, injury and even death, and knowing those risks, I freely and voluntarily assume the risk of injury and/or death and I promise not to sue or exercise any legal right to seek damages from CITY. By this agreement, I also intend to waive, release and discharge all claims for personal injury, death or property damage caused by the condition of the volleyball court or any equipment thereon including but not limited to net and balls.

I understand that this WAIVER< RELEASE and ASSUMPTION OF RISK form will remain on file with the CITY and that it will apply to the tournament.

I certify that I have no medical condition that would cause participation in the volleyball tournament to increase the risk of hazard to my health. In addition, I authorize the CITY to provide or cause to be provided such medical treatment that may be necessary or appropriate if I am injured while participating in the volleyball tournament.

I have read and understand the Rules & Regulations of the Quarry Days Coed Volleyball Tournament and agree to abide by them. I understand that failure to abide by them may result in my expulsion from the game or tournament.

Player Name (*printed*): _____

Player Signature: _____ **Date:** _____

Required for players less than 18 years of age (Please Check):

Parent/Legal Guardian Name (*printed*): _____

Parent/Legal Guardian Signature: _____ **Date:** _____