HALLOWEEN KICKBALL TOURNAMENT

Adult Halloween Kickball Tournament
Saturday, October 8, 2016
Time: Afternoon/Evening
Erickson Park
$20/person (must register as a team)
Deadline: Friday, September 23, 2016

- Halloween Costume Contest
- Bon Fire
- Team Photo
- Tournament T-Shirt
- 2 Game Minimum

For more information please call the Delta Township Parks and Recreation Department at 323-8555 or visit www.deltami.gov/parks.

Halloween Kickball Tournament Registration Form

TEAM NAME	MANAGER NAME
ADDRESS	
CITY	ZIP
PHONE NUMBER	EMAIL ADDRESS
Please fill out the team roster on back. Please include name, t-shirt size, and signature (players must be 16 years of age and up, if under 18 must have parent signature). I understand that if my team forfeits out of the tournament I will not receive any monies back.	
MANAGERS SIGNATURE	DATE

If you have any questions please call the Delta Township Parks & Recreation Department at 323-8555.

Delta Township Sports Waiver and Release of Liability - For use by adults/emancipated minors

In consideration for being allowed to participate in Delta Township's sports program, related events, and activities, I acknowledge and agree as follows:

1. I am 18 years of age or older, or shall provide written proof that I am an emancipated minor, or I am the parent or legal guardian of a 16 or 17 year old assuming responsibility on their behalf.
2. I understand that I risk injury by participating in the sports program. I further recognize that the risk of injury may include the potential for permanent paralysis and death and that, while particular rules, equipment, and personal discipline may reduce my risk of injury, such risk is serious.
3. I knowingly and freely assume all risk of injury, both known and unknown, even if arising from the negligence of the Township or others, and assume full responsibility for my participation.
4. The Township recommends that each Participant consult with a physician before participating in athletic activities. I agree that I will not exercise or participate in athletic activities in a manner contrary to the advice of my physician.
5. I agree to comply with the stated and customary terms and conditions for participation. My use of the Township's property, equipment, and facilities shall comply with established and posted rules, as well as staff directives. I recognize that participation in the Township's athletic programs, including use of athletic equipment and facilities, is not permitted by unregistered participants unless prior written approval is granted by the Township. I agree to report: (1) any unregistered participants; and (2) any violations of established rules, staff directives, or posted rules to a Township official. Additionally, I will report any unusual hazard witnessed during the Participant's presence or participation to a Township official.
6. Participant and his or her parent or legal guardian willingly agree that the Township shall not be liable for any loss, breakage, or theft of personal property that occurs in connection with athletic program participation.
7. In the event of an emergency, I authorize Township officials to secure from any licensed hospital, physician, and/or medical personnel, any treatment deemed necessary for my immediate care. I agree that I will be responsible to pay for any and all medical services rendered.
8. It is my intention, by signing below, to expressly assume all risk of personal injury, death, or property damage upon myself, to the exclusion of the Township. I release the Township from liability for personal injury, property damage, or wrongful death.
9. I further agree that my spouse, assignees, heirs, guardians, and legal representatives (if any) will not make any claim against, sue, or attach the property of the Township for any loss or damage resulting from my involvement in the Township's athletic program.
10. I am aware that this agreement is a release of liability and therefore is a wavier of my legal right to collect damages in the event of injury, death, or property damage.
11. I sign this agreement of my own free will, in consideration for the right to participate in the Township's sports program.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

TOURNAMENT ROSTER

NAME - PLEASE PRINT	*SIGNATURE*	*T-SHIRT SIZE*
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		

Pay with Visa, MasterCard, Discover, American Express, Cash, or Checks made payable to: Delta Township

Mail to: Delta Township Parks and Recreation, 7710 West Saginaw Highway, Lansing, MI 48917

Credit Card Number _____ Expiration Date _____

Cardholder Name _____ Cardholder Signature _____

FOR OFFICE USE ONLY		
DATE RECEIVED	PAYMENT TYPE	AMOUNT