

Adult Dodgeball Tournament

Saturday, March 16th, 2019

Registration deadline is Tuesday, March 12th. Schedules will be available by Thursday.

Cost to register: \$90 per team. Maximum number of players per roster is six.
Coed teams must consist of three men and three women.

Games will be limited to fifteen minutes max each, with winners determined by "first to five points", or whoever is ahead at the end of fifteen minutes.
Open to players ages 18 & older as of March 16, 2019

Team Name: _____ Contact Name: _____
 Mailing Address: _____ Home Phone: () - _____
 City: _____ State: _____ Zip: _____ Work Phone: () - _____
 Email Address: _____ Mobile Phone: () - _____

Division: _____ - Men's / Mixed _____ - Women's Only _____ - Coed (Minimum 3 women per roster)
 Level/Experience: _____ - 'A' Division (highest level competition) _____ - 'B' Division (fairly competitive, some experience) _____ - 'C' Division (recreational; some experience)

Name: Male / Female Birthdate: / /	Address: City: State: Zip:	Phone: Email:	Signature:
Name: Male / Female Birthdate: / /	Address: City: State: Zip:	Phone: Email:	Signature:
Name: Male / Female Birthdate: / /	Address: City: State: Zip:	Phone: Email:	Signature:
Name: Male / Female Birthdate: / /	Address: City: State: Zip:	Phone: Email:	Signature:
Name: Male / Female Birthdate: / /	Address: City: State: Zip:	Phone: Email:	Signature:
Name: Male / Female Birthdate: / /	Address: City: State: Zip:	Phone: Email:	Signature:

<p>For Office Use Only:</p> <p>_____ - Form received on ____ / ____ / _____ by: _____ _____ - Cash: \$ _____</p> <p>_____ - Waiver has been reviewed and is complete by: _____ _____ - Credit: \$ _____</p> <p>_____ - Waiver was NOT complete upon receipt _____ - Check \$ _____</p> <p>Completed on ____ / ____ / _____ by: _____ # _____ Date Paid Full: ____ / ____ / _____</p>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<p>Notes / Requests / Miscellaneous:</p>
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Please read the back of this form carefully before signing!

Columbus Hockey and Skate Center, Inc. – Release Acknowledgement of Risk and Indemnity Agreement

This document affects your legal right. You must read and understand it before signing it.

The above-named persons being 18 or older in age, or legal guardian of the above-named who is under 18 in consideration of the services of the Columbus Hockey and Skate Center Inc, a Nebraska limited liability company, its wholly and partially owned subsidiaries (including any which operates the facility in which the undersigned engages in recreational activities) and affiliated entity, or any of its respective officers, directors, members, managers, employees, coaches, representatives, and assigns the facility of all such others being here in collectively referred to as Released. The rate charged for those services and the right to engage in this activity as a participant and or volunteer, hereby acknowledge, agree, promise, and covenant with Released on behalf of myself, and my heirs, successors, assigns, personal representatives and estate as follows:

ACKNOWLEDGEMENT OF RISKS: I UNDERSTAND AND ACKNOWLEDGE that the activity I am about to voluntarily engage in as a participant and/or volunteer bears certain known risks and unanticipated risks which could result in INJURY, DEATH, PHYSICAL OR MENTAL ILLNESS OR DISEASE OR DAMAGE, to myself to my property, to spectators, or other third parties. These risks include but are in no way limited to the following: (1) the risks are inherent in activities of roller hockey, roller skating, hockey games and events; (2) the acts, omissions or negligence in any degree of Releases of their employees; (3) latent or apparent defects or condition in equipment, property of facility provided by Releases of their employees; (4) physical contact with other participant players, whether or not such contact is intentional or unintentional; (5) my own physical condition, or lack thereof, and my own act or missions; (6) first aid, emergency treatment, or other services rendered or failed to be rendered by Releases or their agents or employees; and (7) risks of contact by equipment, pucks or other component utilized by other participant, player or competitors. I UNDERSTAND AND ACKNOWLEDGE that the above list is not complete or exhaustive, and that other risk, known or unknown, identified or unidentified, anticipated or unanticipated, may also result in injury, death, illness, disease or damage to myself, to my property, or to spectators or other third parties.

ACCEPTANCE OR RISK AND RESPONSIBILITY: I VOLUNTARILY AGREE/COVENANT AND PROMISE TO ACCEPT AND ASSUME ALL RESPONSIBILITY AND RISK OF INJURY, DEATH, ILLNESS, DISEASE OR DAMAGE, to myself or to my property arising from my participation in this activity. I expressly agree, covenant and promise to accept and assume all responsibility and risk for injury, death, illness, disease, or damage to spectators or other third parties and their property arising from my participation in this activity. My participation in this activity is purely voluntary. No one is forcing me to participate in spite of risks.

RELEASE: I VOLUNTARILY RELEASE AND FOREVER DISCHARGE AND COVENANT NOT TO SUE Releases and their agents and employees, and all other persons or entities affiliated there with, from any and all liability, claims, demands, action or rights or action, which are related to, arise out of, any connected with my participation in this activity, including but not limited to any, and all negligence, fault or strict liability or Releases and their agents or employees and all the persons or entities for any injury, death, illness, disease, and damage to myself or my property.

INDEMNIFICATION: I FURTHER AGREE, PROMISE, AND COVENANT TO HOLD HARMLESS AND TO INDEMNIFY Releases and their agents and employees, and all other persons or entities, related from all the defense cost, including attorney's fees, and from any other costs incurred in connection with claims for bodily injury or property damage which I may negligently or intentionally cause to spectators or other third parties in the course of my participation in the activity.

COVENANT NOT TO SUE: I FURTHER AGREE, PROMISE, AND COVENANT NOT TO SUE, assert or otherwise maintain or assert any claim against Releases or their agents or employees and all other persons or entities, for any injury, death, illness or disease, or damage to myself to the property, arising from connected with my participation in this activity or from any claims asserted against me by spectators or other third parties. IN SIGNING THIS DOCUMENT, I FULLY RECOGNIZE THAT IF ANYONE IS HURT OR DIES OR PROPERTY IS DAMAGED WHILE I AM ENGAGED IN THIS ACTIVITY, I WILL HAVE NO RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST RELEASES OR THEIR OFFICERS, AGENTS, OR EMPLOYEES, EVEN IF THEY OR ANY OF THEM NEGLIGENTLY CAUSED THAT DEATH, BODILY INJURY, OR PROPERTY DAMAGE.

ACKNOWLEDGEMENT OF EFFECT OF THIS RELEASE AGREEMENT: I UNDERSTAND AND ACKNOWLEDGE that by initiating and/or signing this document I have given up certain legal rights and/or possible claims which I might otherwise assert or maintain against Release or their agents or employees, and other persons or entities, including but not limited to rights arising from or claims for the acts or missions, fault or negligence in any degree of Releases and their agents or employees, and all other persons or entities. I UNDERSTAND AND ACKNOWLEDGE that by initiating and/or signing this document, I have assumed responsibility and LEGAL LIABILITY for the claims or other legal demands, including defense costs, which may be asserted by spectators or other third parties against me as a result of my participation in this activity.

PARTICIPANT INSURANCE BENEFITS AND REPRESENTATION OF PHYSICAL CONDITION: I UNDERSTAND AND ACKNOWLEDGE that no major medical insurance benefits will be provided to me during this activity other than by and through the insurance provider of the Columbus Hockey and Skate Center. I certify that I have sufficient health, accident, and personal liability insurance to cover any bodily injury, property damage, or disablement I may incur while participant in this activity, and to cover bodily injury or property damage caused to a third party as a result of my participation in this activity. I certify that I am capable of personally paying for any and all expenses, damage, or liabilities what are not covered by insurance. I FURTHER ACKNOWLEDGE that I am in good physical and mental health and not suffering from any condition, disease or disablement, which would or could potentially affect participant in this activity, or otherwise cause harm or injury to any other person or myself.

COLUMBUS HOCKEY AND SKATE CENTER RULES AND GUIDELINES: (Zero Tolerance) I the above-signed (named-participant) agree to comply with Columbus Hockey and Skate Center's Policy of 'zero tolerance.' This applies to all programs and sports concerning physical altercation (fighting); use of obscene, profane, or abusive language, challenging or disputing officials or disrupting any event. I understand this violation can result in being ejected from a game, suspended, or removed from a program permanently. For further details, contact desk management about rules for hockey and all other events or leagues.

HOCKEY - EQUIPMENT REQUIREMENTS: I above-signed (named participant) will comply with all Columbus Hockey and Skate Center equipment requirement involving "any" hockey activity and wear the following: an H.E.C.C.-approved helmet with strap, and full face shield for youth and goaltenders with colored mouth guard connected to the shield; (B) elbow pads; (C) jersey; (D) gloves; (E) protective cup; (F) pants; (G) knee/shin pads; (H) hockey inline skates with no exposed bolts or brake pads must be taped; (I) stick-but end taped, max ¾" curve blade and; (J) shoulder pads highly recommended for youth. Adults require the same equipment except face shield is not required. We recommend a 73A wheel for the Sport Court floor. If a player is injured and is not wearing all the required equipment, the insurance MAY not be in effect to cover the claim.

ALTERNATE SPORTS - EQUIPMENT REQUIREMENT: I the above-e-signed (named participant) will comply with all Columbus Hockey and Skate Center equipment involved in any "sport" activity and wear the appropriate equipment for all the sports in which I am participant. For further details, consult the league rules and equipment requirements for the respective sports activity or contact the facility management.

GENERAL STIPULATIONS: (A) All applicants must pay in full, prior to start date; (B) Its subsidiaries and affiliates reserve the right to change the start date and times; (C) Cancellation period applies "only" prior to the start date of the program and no refunds will be considered after that period. No refunds will be allowed for registration and membership fees; (D) In the event that a participant cannot make the regularly scheduled session, a make-up session 'may not' be taken. There will be no credit or refund for absences. Its subsidiaries and affiliates reserve the right to cancel this contract for "any default" by the participant within the terms of this contract. Its subsidiaries and affiliates cannot be responsible for any lost or stolen property. Any N.S.F. check requires immediate reimbursement or cancellation of game schedule would take place.

GENERAL MEDICAL TREATMENT: I HERBY PERMIT any subsidiary or affiliate which operates the facilities in which the undersigned engages in recreational activity and their respective employees, agents, and representatives to authorize any medical treatment for me in the event of any emergency.

AUTHORIZATION TO TREAT A MINOR: I (we), the above-signed parent or legal guardians of the above-named participant who is a minor, so hereby authorized and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable and rendered under the general or special supervision of any member of the medical staff, emergency staff licensed under the provision of the medical practice Act and on the staff of any accredited general hospital holding a current license to operate as a hospital in the city and state of Columbus, Nebraska. It is understood that an effort shall be made to contact the above signed prior to rendering treatment to the patient, but that none of the above treatment will be withheld if the above signed cannot be reached.

PHOTO and VIDEO RELEASE: I the above signed (named-participant) grant full permission to its subsidiaries and affiliated to use any photographs, video tapes, pictures, or recording of any practice, league game, activity, or promotion for instructional or general viewing purposes.

ENTIRE AGREEMENT: I understand that this is the entire Agreement between the above signed and the Releases and their agents and employees, and that it can not be modified or changed in any way by the representations or statements of Releases or any employee or agent of Releases, or by the above signed and is valid and effective for each and every activity and session in which the undersigned participates at the facility operated by its subsidiaries or affiliates.

I have read and agree to the terms above for the registered participant listed on this team roster. My signature on the reverse side of this document is proof of my acceptance of these terms and conditions for the registrant, and is valid for the tournament noted on the reverse side of this document.