



DOOR COUNTY POND HOCKEY TOURNAMENT



DOORCOUNTYPONDHOCKEY.COM | EMAIL: BRIANFITZGERALD67@GMAIL.COM | CALL: 920.421.1518

OFFICIAL ENTRY AND ROSTER FORM

Team Name: _____ Team Captain: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Please choose your preferred division:

_____ Men's Open A (professional, college or junior level player) _____ Men's Open B (high school, organized or recreational player)

_____ Men's Classic (40 and over) _____ Men's Legends (50 and over)

_____ Women's Open A _____ Women's Open B

Player's Name	Age	Highest Level Played
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Team Captain: _____
Signature/date

Notes: Rosters may be updated; official rosters are due by February 1, 2016. A signed waiver is required for each player; minors must have a parent/legal guardian's signature. Waivers may be turned in with the roster or onsite.

Cancellation Policy: Sorry, but we cannot offer refunds for any reason including in the event the tournament is cancelled or shortened due to weather conditions.

To secure your spot please make check for **\$290 per team** payable and mail to:

Door County Pond Hockey
PO Box 95
Ephraim, WI 54211

FOR MORE INFORMATION CONTACT - **Brian Fitzgerald** - email: brianfitzgerald67@gmail.com or phone: 920-421-1518

2016 Door County Pond Hockey Registration Form

RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT

In consideration of participating in Door County Pond Hockey Tourney, and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence Peninsula Pacers, LLC and its owners, directors, officers, employees, agents, volunteers, participants and all other persons or entities acting for them (herein after collectively referred to as "Releasees") on behalf of myself and my children, parents, heirs assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that pond hockey involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to accidental contact with another player or another player's equipment and falling on ice; medical conditions resulting from physical activity; and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume - and bear the costs of - all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. **By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived by right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.**

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

***Athlete's Signature** _____ **Date** _____

(If the athlete is less than 18 years of age as of the date of this Agreement, then a parent or legal guardian must enter into the Agreement by signing below)

Parent or Guardian's Representation, Consent and Waiver Agreement. I, the person signing below, represent and agree that (1) I have the legal right to enter into this Waiver & Release of Liability Agreement on behalf of the minor athlete named above (the "Athlete"), and (2) I hereby on the Athlete's behalf consent to and agree to all of the above terms. Furthermore, to the extent I have in the future any claims relating to the Athlete's attendance at or participation in the Event. I hereby waive release and discharge those claims hereby, including all claims for negligence, except that I do not waive, release or discharge any claims for harm caused by a Released Party intentionally or recklessly.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name _____ Relationship _____

Athlete's Name _____ Team _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone _____