



BEACH VOLLEYBALL TOURNAMENT



Wind Creek State Park
4325 Highway 128, Alexander City, AL 35010

Sunday, July 16, 2017
Registration 1:00pm
Tournament 1:30pm

Team Name: _____

Team Member One Name: _____ Age: _____

Address: _____ Phone: _____

Email Address: _____

Team Member Two Name: _____ Age: _____

Address: _____ Phone: _____

Email Address: _____

In consideration of my acceptance as a participant in an event sponsored by The Alexander City Chamber of Commerce on July 16, 2017, I do, for myself, my personal representative, heirs or next to kin, hereby waive and hold harmless the Alexander City Chamber of Commerce, its Volunteers, Vendors, Sponsors, Employees, Affiliates or Board from any and all known or unknown injuries, losses, death, for any liability, claims, actions, causes of action suits which may accrue to me for injury to person or property arising out or in any way connected with my participation in the aforesaid event, and do indemnify all from any judgments or costs which may arise from my participation in this event. I do hereby specifically acknowledge that it is my duty, and I do hereby agree to obey all Beach Volleyball rules and guidelines as outlined. In the course of this event, I do further agree to exercise due care with respect to my participation in the course of this event. It is expressly understood to be my duty to keep a safe lookout for my own protection and the protection of others. I do hereby certify that I am in excess of 18 (eighteen years) of age and that I suffer from no infirmity or condition which would in any way impair my ability to execute this document. If under 18 years of age, I have parent or legal guardian permission below. I do further hereby certify that, to my best of my knowledge, I suffer from no physical condition which would in any way place me in danger by virtue of my participation in this event. I further acknowledge that I have read this document and understand its contents. No statements have been made to me by any volunteer or employee of the Alexander City Chamber of Commerce which in any way conflict with my understandings as set forth in this document.

Participant Signature _____ Date _____

Guardian if under 18 _____ Date _____

Participant Signature _____ Date _____

Guardian if under 18 _____ Date _____

Mail completed registration to Alexander City Chamber of Commerce; P.O. Box 926; Alexander City, AL 35011. For all questions, please call Alexander City Chamber of Commerce at 256-234-3461.

Sponsored by:

