

Oozefest 2019 Mud Volleyball Registration Form

Early Bird Registration: May 6-July 26, 2019 (team members receives a t-shirt)
 Team Registration: July 27-August 8, 2019 (no t-shirts provided)

Team Manager _____ Team Name _____

Address _____ City _____ State _____ Phone _____

Email Address _____ Cell Phone _____

Team Roster (all team members must sign a waiver/release form to participate)

Forms available on website: www.greatbendrec.com

Team Members: List all persons playing.

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |

Adult T shirt size: (list qty.) _____ S _____ M _____ L _____ XL _____ 2XL _____ 3XL

Waiver and Release

WAIVER & CONSENT STATEMENT: I, the above person, the undersigned, states that he/she understands that the Great Bend Recreation Commission is not and shall not be responsible for, or liable for any illness, or injury to person or damage to property resulting from the program in which the above is enrolled or from his/her participating in said program, and the participant and the undersigned, if the participant is a minor or under other legal disability, hereby forever releases and holds harmless the said Great Bend Recreation Commission, its employees, agents, and representatives from any and all claims of any kind that the participant, or the undersigned, or their respective heirs, executors, administrators, or assigns may have or claim to have resulting from participation in said program(s). I hereby consent to my child enrolling and participating in the above GBRC program(s). I also assume all physical risks and hazards involved in the conduct of the program and hereby release, indemnify and hold harmless GBRC, the City of Great Bend, USD #428, it's officials, officers and employees and/or any civic or private organization appointed by it from any liability as a result of any accident which may occur in conjunction with said participation and result in bodily injury or death to child or person. Also, the above waives any and all claims that he/she or his/her heirs, executors, administrators or assigns may have claim to have resulting from a photography, video or reproductions thereof said person while participating in GBRC programs without payment or any other consideration, for purposes of publicizing Great Bend Recreation Commission, facilities, programs or services of for any other lawful purpose. Accident/medical insurance is not provided by GBRC. I authorize and consent that GBRC may release telephone and address information of enrolled participant(s) to volunteer coaches; associated agencies and GBRC staff members. Registrations invalid without signature.

I HAVE READ & UNDERSTAND THE REGISTRATION FORM, CANCELLATIONS AND WAIVER STATEMENTS.

 Signature of participant or parent/legal guardian of minor participant Date

Name of minor individual(s) participating in GBRC program:

Team Fee: _____ Code # 304403C

Register teams at GBRC office, 1214 Stone Street. Call in team registration by calling 620.793.3755 ex. 110
 Mail in team registration-mail to GBRC, P.O. Box 353, Great Bend, KS 67530