

# RICHMOND RECREATION DEPARTMENT

# DODGEBALL TOURNAMENT

**Registration Deadline:** Nov. 5

**When:** Saturday, Dec. 5

**Fee:** \$135/Team

**Where:** City Hall Gym, 205 Summit Street, Richmond, MO

**Who:** High School- Adult

9 players per team -Minimum of 4 girls/ team (CO-ED Tournament)

\*\*\*\*\*

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damage or loss which I (my child) may sustain as a result of participating in the program. I do hereby fully release and discharge the City of Richmond Recreation Department and its officers, agents, servants, and all employees from any and all claims from injuries, including death, damage or loss which my child or myself may have or which may occur on account of my participation in this program.

I further agree to indemnify and to defend the City of Richmond Recreation Department and its officers, agents, servants, and all employees from any and all claims resulting from injuries, including death, damages, and loss sustained by me and arising out of, connected with, or in any way associated with the activities of the program.

I have read and fully understand the above program details and waive and release all claims.

## EVERY PARTICIPANT NEEDS TO SIGN BELOW!!!

\*\*\*\*\*

**Team Roster: (If under 18, guardian sign) TEAM NAME** \_\_\_\_\_

1. Name \_\_\_\_\_ phone# \_\_\_\_\_ signature \_\_\_\_\_
2. Name \_\_\_\_\_ phone# \_\_\_\_\_ signature \_\_\_\_\_
3. Name \_\_\_\_\_ phone# \_\_\_\_\_ signature \_\_\_\_\_
4. Name \_\_\_\_\_ phone# \_\_\_\_\_ signature \_\_\_\_\_
5. Name \_\_\_\_\_ phone# \_\_\_\_\_ signature \_\_\_\_\_
6. Name \_\_\_\_\_ phone# \_\_\_\_\_ signature \_\_\_\_\_
7. Name \_\_\_\_\_ phone# \_\_\_\_\_ signature \_\_\_\_\_
8. Name \_\_\_\_\_ phone# \_\_\_\_\_ signature \_\_\_\_\_
9. Name \_\_\_\_\_ phone# \_\_\_\_\_ signature \_\_\_\_\_

Team Caption or Coach's Name \_\_\_\_\_ Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Please return in person or by mail to City Collector's Office, 205 Summit Richmond, MO 64085

Make checks payable to: **City Of Richmond**

Questions—email:

or call 816-776-5304

For office use only

Amount paid \$ \_\_\_\_\_

Date Rec'd \_\_\_\_\_

By \_\_\_\_\_