



Made for sunny days and a PICNIC!!

**3 PLAYER OR
COED 6'S RECREATIONAL
VOLLEYS TOURNAMENT**

FRIDAY, JULY 18TH

AT 6:30 PM

2 DIVISIONS OF 3 PLAYER: POWER & INTERMEDIATE
RECREATIONAL 6'S

**ENTRY FEE - \$45.00 PER 3'S TEAM
\$60.00 PER 6'S TEAM**

**SEND ENTRY TO: VOLLEYS
265 BLAIRSFERRY ROAD NE
CEDAR RAPIDS, IA 52402
319-377-9483 volleys@crbowl.com**

**CASH PRIZES
\$4.00 TITO'S & Lemonade
\$3.00 Hot Dogs
TITO'S DOOR PRIZES**

COMPLETE REGISTRATION ON THE BACK SIDE OF THIS FLIER
(REMINDER: NO OUTSIDE FOOD OR BEVERAGES)

PLEASE CHECK YOUR LEVEL:

_____ POWER 3-PERSON

_____ INTERMEDIATE 3 PERSON

_____ RECREATIONAL 6'S

Volleys participants: Release, Waiver and Indemnifications/Hold Harmless

In consideration of receiving permission from *TEP, Inc. dba Volleys* to participate in the highly competitive and potentially dangerous sport of volleyball upon the premises of *TEP, Inc. dba Volleys*, I hereby release *TEP, Inc. dba Volleys*, its officers, its owners, its employees, its agents, its volunteers, and/or their assigns from any and all liability, claims and causes of actions whatsoever for any loss, damage, or injury (including death), sustained to my person or my property arising out of or having any casual connection to my preparation for , practicing for, and/or participating in any sports or athletic contest or exhibition, whether or not such contest or exhibition is organized or occurs spontaneously.

I am fully aware of and voluntary assume all of the risks and hazards associated with participating in volleyball on the premises of *TEP, Inc. dba Volleys*. Additionally, I release *TEP, Inc. dba Volleys* its officers, its owners, its employees, its agents, its volunteers, and/or their assigns from duty whatsoever as respects selection or supervision of any other participants that have any casual connection to injury or damage I may sustain. In addition, I shall never charge *TEP, Inc. dba Volleys*, its officers, its owners, its employees, its agents, its volunteers, and/or their assigns with actual or constructive knowledge of whether or not my health, condition, fitness and/or ability is such that I am physically able to participate in volleyball.

I assume full responsibility for any injuries or damage which may occur to me or my property and agree *TEP, Inc. dba Volleys*, its officers, its owners, its employees, its agents, its volunteers, and/or their assigns shall not be responsible for any loss or theft of my property.

In addition, I assume all responsibility to provide myself with whatever safety pads, guards, braces and/or equipment that I deem appropriate for my safety or the safety of others. As further consideration of receiving permission from *TEP, Inc. dba Volleys* to participate in the highly competitive and potentially dangerous sport of volleyball, I do hereby agree to indemnify, protect and save harmless *TEP, Inc. dba Volleys*, its officers, its owners, its employees, its agents, its volunteers, and/or their assigns from all costs, all expenses, all claims, all suits and all judgments arising out of or having any casual connection to injury to me or my property.

THIS RELEASE, WAIVER and INDEMNIFICATION/HOLD HARMLESS SHALL HAVE UNLIMITED DURATION AND MAY NOT BE MODIFIED OR REVOKED BY ME WITHOUT THE WRITTEN PERMISSION OF AN AUTHORIZED REPRESENTATIVE OF *TEP, Inc. dba VOLLEYS*. Any attempt by me to revoke shall constitute immediate removal of permission by *TEP, Inc. dba Volleys* to participate in the highly competitive and potentially dangerous sport of volleyball.

I have state that I am fully able and willing to enter into this agreement for the year 2025. I am of legal age; I am competent; I am not under the influence of alcohol; I am not under duress.

TEAM NAME: _____

TEAM MEMBERS (PLEASE PRINT CLEARLY)

NAME _____
ADDRESS _____
CITY & ZIP CODE _____

SIGNATURE _____
HOME # _____ WORK # _____
E-MAIL ADDRESS _____

NAME _____
ADDRESS _____
CITY & ZIP CODE _____

SIGNATURE _____
HOME # _____ WORK # _____
IF UNDER 18, CHECK HERE _____

NAME _____
ADDRESS _____
CITY & ZIP CODE _____

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IF UNDER 18, CHECK HERE _____

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