

HOLIDAY BOWLING TOURNAMENT

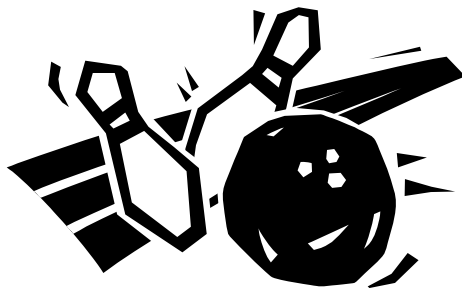
When: Saturday, December 10, 2011

Where: AMF Mesa Lanes – 2115 E. Southern, Mesa

Schedule: 11:30 a.m. Athlete check-in and lunch
11:45 a.m. Practice
12:00 p.m. Tournament begins

Eligibility: Any athlete with a physical disability

Cost: \$5.00 bowling fee (check or cash to AzDS)
Pizza will be offered during registration



For information:
Lane Jeppesen
480.835.6273 or lane@arizonadisabledsports.com
www.ArizonaDisabledSports.com



HOLIDAY BOWLING TOURNAMENT ENTRY FORM

Please register by December 5th, 2011

Full Name: _____

Address: _____

City, State, Zip Code: _____

Primary Phone: _____ Email: _____

Age: _____ Gender: Male Female

Team: _____

Coach Name & Cell Phone: _____

Disability:

Amputation

Cerebral Palsy

Dwarfism

Muscular Dystrophy

Spina Bifida

Spinal Cord Injury

Traumatic Brain Injury

Visual Impairment

Other _____

Do you use a wheelchair? Yes No

If yes: Manual Power

Do you use a bowling ramp? Yes No

Athletes are welcome to use the program ramps available onsite.

Bowling Average: _____

Return by December 5th to:

Arizona Disabled Sports

Attn: Holiday Bowling Tournament

59 East Broadway Road

Mesa, AZ 85210

lane@arizonadisablesports.com / 480.835.6273

DISABLED SPORTS USA INSURANCE WAIVER & RELEASE OF LIABILITY and MEDIA RELEASE FORM

DISABLED SPORTS USA INSURANCE WAIVER & RELEASE OF LIABILITY FORM

In consideration of being allowed to participate in any way in Disabled Sports USA and MESA Association of Sports for the Disabled programs, related events, and activities, I and/or the minor participant, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor participant will immediately advise Disabled Sports USA and MESA Association of Sports for the Disabled such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue Disabled Sports USA, MESA Association of Sports for the Disabled, its affiliated clubs, their representative administrators, directors, agents, coaches, other employees, and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

X _____
Signature Participant's Name (PLEASE PRINT CLEARLY) (MM/DD/YY)

FOR PARTICIPANTS UNDER THE AGE OF 18

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____
Signature Parent/Legal Guardian Name Relationship Emergency Phone (MM/DD/YY)

MEDIA RELEASE FORM

Name _____ DOB _____ Male _____ Female _____

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to Disabled Sports USA (DSUSA) and Mesa Association of Sports for the Disabled to copyright and/or publish any and all photographs, digital recordings, videotapes and/or film in which I appear may be used for public view. I further agree that DSUSA and MESA Association of Sports for the Disabled may transfer, use or cause to be used, these digital recordings, photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, television programs, and internet without limitations or reservations.

X _____
Participant Signature (MM/DD/YY)

FOR PARTICIPANTS UNDER THE AGE OF 18

X _____
Signature Parent/Legal Guardian Name Relationship Emergency Phone (MM/DD/YY)