GBC GSA DOGEBALL TOURNAMENT REGISTRATION FORM

IMPORTANT INFORMATION PLEASE READ!

YOU MUST BE 14 YEARS OF AGE OR OLDER TO PARTICIPATE IN THE DODGEBALL TOURNAMENT. IF YOU ARE UNDER THE AGE OF 18 YOU WILL BE REQUIRED TO HAVE A PARENT OR LEGAL GUARDIAN FILL OUT A LIABILITY WAIVER. GREAT BASIN COLLEGE AND THE GAY STRAIGHT ALLIANCE TAKE NO LIABILIITY FOR PHYSICAL INJURY OR LOSS OF PROPERTY!

GENERAL INFORMATION

Teams may be a minimum of 6 people with a maximum of 10 people. Only 6 people will be allowed to play at one time, with 4 alternates. On this form please provide us with some information. If you are unable to form a team, please submit the form anyway!!! The GSA will make every attempt to to place you on a team the day of the event.

Your Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of people on your team \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please also list the names of the people on your team, as well as their ages in the area below.

Please Note- The registration fee is 5 dollars per person. This fee is payable with cash only, and will be due the day of the event. Each person will be responsible for their own fee, and will not be able to play until fees are paid.

**GREAT BASIN COLLEGE**

1500 College Parkway

Elko, NV 89801

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (Print participant name) a student enrolled at: Great Basin College or Elko High School or Spring Creek High School (circle one) do hereby provide notice I wish to participate in the Dodge Ball Tournament sponsored by the Gay/Straight Alliance Club of the Great Basin College Student Government. Said tournament will be held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the Great Basin College fitness center.

I understand and hereby acknowledge that my participation is wholly voluntary. I hereby agree to hold harmless the Nevada System of Higher Education (NSHE), Great Basin College and their employees, agents, and representatives, from any and all liability whatsoever for any and all damages, losses, or injuries I may sustain including but not limited to any claims, demands, actions, causes of action, judgments, expenses and costs, including attorneys fees, which arise out of, result from, occur during, or are connected in any manner with my participation in the activity.

I agree that this Waiver, Release and Indemnification Agreement is to be construed under the laws of the State of Nevada, including the provisions of Nevada Revised Statutes Chapter 41; and that if any portion hereof is held invalid, the balance hereof shall, notwithstanding, continue in full legal force and effect. In signing this document, I hereby acknowledge that I have read this entire document, that I understand its terms, that by signing it I am giving up substantial legal rights I might otherwise have, and that I have signed it knowingly and voluntarily.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature Date Signed

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do hereby give permission for my son/daughter to participate in the activity(s) listed above on the date(s) provided. Must be completed by all participants who shall be under the age of eighteen years (18 yrs.) on the dated of the tournament.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent (Guardian) Signature Date Signed