

Salem Days Adult Kickball Tournament 2018



Tuesday, August 7th

Salem Days is proud to announce our Annual Adult Kickball Tournament. This is sure to be a big 'kick' during our celebration.

So, think back to the past when you were in grade school playing kickball during recess!

We want your team!

Come sign up at the Salem Parks & Recreation office: 60 North 100 East, Salem, or online at www.salemcity.org click recreation and then register online.

FEE:

\$60.00 per team (no non-residents fee) **Registration will begin July 1st.**

RULES:

Ten players per team. Eight players are on the field during defense. All players can kick when on offense. Six inning games. Players must be entering the 10th grade (Fall 2018) and older to be eligible. Only a co-ed division will be available.

'Kick-off' will start at 6:30pm.

Registration and Liability waiver attached.

For more information please contact: Salem Parks & Recreation 801-423-1035.

Salem Days 2018 Kickball Tournament

Adult Sports Waiver & Liability Release

I acknowledge that this/these event(s) may be an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, water conditions including pollution, temperature, currents and waves, weather, condition of equipment, vehicle traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event, and lack of hydration. I hereby assume all of the risks of participating in this event. I certify that I am physically fit, have sufficiently trained for participation in this event, and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by Salem City and the event holders, sponsors and organizers, in the event(s) in which I may participate and that it will govern my actions and responsibilities at said event(s).

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) I waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me due to my participation in this event, THE FOLLOWING ENTITIES OR PERSONS: Salem City and its directors, officers, employees, volunteers, representatives and agents, the event holders, event sponsors, event directors, event volunteers; (B) I indemnify and hold harmless the entities of persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident or illness during this event. I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by Salem City, the event holder, producers, sponsors, organizers, and/or assigns.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

IF UNDER 18- PARENT/GUARDIAN WAIVER FOR MINORS

The undersigned parent and natural guardian or legal guardian does thereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever may be imposed upon said parties because of any defect in or lack of such capacity to so act an release said parties on behalf of both the minor and the parents or legal guardian.

AUTHORIZATION FOR MEDICAL TREATMENT

This release will authorize Columbia Mountain View Hospital and the Salem City Ambulance Association to provide medical treatment in the event of an accident or illness while participating in the recreation program of Salem City. I understand that these services are provided on a fee basis.

Name (print clearly)	Age	Phone	Address/City	SIGNATURE (under 18, guardian
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Rosters must be turned in prior to start date,
NO CHANGES/ additions to roster will be accepted after the second week of play.
 \$10.00 charge for each additional player beyond 10.