

2nd Annual Dodgeball Tournament

“Can’t DODGE our CAUSE”

Fundraiser for Cystic Fibrosis



★ **Saturday February 24th**

★ **Memorial Middle School**

★ **10-2 pm**

(Each division will have specific start time)

\$5.00 to play

(all money raised will be donated to BOOMER ESIASON
FOUNDATION)

Spectators Fee: Adults \$3.00/Students \$2.00

8 players per team

*INDIVIDUALS CAN SIGN UP WITHOUT A TEAM, AND WE WILL PLACE THEM ON A
Black and Gold TEAM!

Divisions for Tournament

Elementary Division: Grade 4-5 (start time 10AM SHARP awards 11:45AM)

Middle School Division: Grades 6-8 (start time 12:00 awards 12:45)

Teacher/Parent Division (start time 1 PM awards directly to follow)

*Division start times may change slightly depending on final number of teams, will be
posted on website week of tournament.

Return forms and payment to: Main Office at ORS, NB, and/or MMS **PLEASE LABEL
ENVELOPES** DODGEBALL TOURNAMENT

★ All forms and fees must be received by **WEDNESDAY 2/21/18**. (All forms will be
located on the website and virtual backpack)

★ For more information contact Christina VanNostrand cvannostrand@pointpleasant.k12.nj.us

★ This form only needs to be completed **once for EACH team**

- ★ EVERY **team member** MUST have signed consent form (located on website)
- ★ Return forms and payment to: Main Office at ORS, NB, and/or MMS **PLEASE LABEL ENVELOPES** DODGEBALL TOURNAMENT **(Cash only, please)**

<https://sites.google.com/pointpleasant.k12.nj.us/dodgeball>

Player's
Name _____ GRADE _____

Player's
Name _____ GRADE _____

Player's
Name _____ GRADE _____

Player's
Name _____ GRADE _____

Player's
Name _____ GRADE _____

Player's
Name _____ GRADE _____

Player's
Name _____ GRADE _____

Player's
Name _____ GRADE _____

Team
Name _____

Team Color _____

Individual Player

Name _____ Grade _____

Team Parent _____ PHONE _____
EMAIL _____

Point Pleasant Schools

2100 Panther Path
Point Pleasant, New Jersey 08742
(732) 701-1900 - (732) 892-8403 – Fax
www.pointpleasant.k12.nj.us

Point Pleasant Board of Education Liability Waiver (Participant and Parent)

PLEASE READ THIS DOCUMENT CAREFULLY. IT HAS IMPORTANT LEGAL CONSEQUENCES.

ACTIVITY: _____

DATE/LOCATION: _____

NAME OF
ADULT PARTICIPANT/ MINOR PARTICIPANT: _____

Waiver: In consideration of my/my child's being allowed to participate in the voluntary activity identified above, I hereby release the Point Pleasant Board of Education and all of its members, agents, employees, volunteers, sponsoring organizations, independent contractors, and suppliers (hereafter individually and collectively referred to as the School District) from any claims or responsibility for bodily injury or property damage arising from the activity identified above (the Activity), which also includes all Included Activities as that term is defined in this Waiver. I knowingly assume all risks associated with participation in the Activity and Included Activities, even if arising from negligence of the participants or others, and assume full responsibility for my (or my child's) participation today and on all future dates.

Certification: I certify that I am, or my child is, in good physical condition and able to participate in the Activity. I further certify that I am, and my child (if applicable) is, familiar with the School District's Rules and Regulations pertaining to the Activity and that the person participating in the Activity will observe same. I further agree that I will immediately discontinue further participation for myself or my child in the Activity at any time I believe conditions to be unsafe and that the School District may terminate my participation or that of my child if we violate the School District's Rules and Regulations or if in the School District's opinion my/our further participation would be unsafe. If an emergency arises, I authorize the School District to request or administer necessary medical treatment to me or my child.

Assumption of risks: I, the adult participant, or minor participant and parent(s) or guardian(s) (hereafter referred to as participant/parent), understand that the Activity includes inherent risks that cannot be totally eliminated regardless of the care taken by the School District. I, the participant/parent know, understand, and appreciate the types of injuries inherent in the Activity and knowingly assume all risks inherent in the Activity. As a participant/parent, on behalf of myself, my spouse, heirs, personal representatives, and assigns (releasing parties), I do hereby waive, release, discharge and covenant not to sue the School District for alleged liability from any and all claims arising from the ordinary negligence of the School District.

Scope: This Waiver applies to property damage, loss of property, and personal injury of all kinds including death, arising from participation in the Activity. It also includes, but is not limited to, recreational, practice, or competitive activity; events; organized or individual training and conditioning activities; tests; classes and instruction; individual use of facilities, equipment, locker room areas, and all premises, or attendance at such activities whether or not as a participant, including the associated sidewalks and parking lots, and to any and all claims resulting from the damage to, loss of, or theft of property (all of the foregoing constituting the "Included Activities").

Indemnification: I, the participant/parent, also agree to hold harmless, defend, and indemnify the School District – that is, defend and pay any costs, including damages awarded, investigation costs, attorney’s fees, and related expenses – from any and all claims arising from my or my child’s participation in the Activity. I, the participant/parent, further agree to hold harmless, defend, and indemnify the School District against any and all claims of co-participants, rescuers, and others arising from the conduct of the participant in the Activity.

Clarifying Clauses: I, the participant/parent, confirm that this agreement supersedes any and all previous oral or written promises or agreements. I understand that this is the entire agreement between the School District and me regarding waiver and acceptance of risk, and cannot be modified or changed in any way by representations or statements by any agent or employee of the School District. I understand that this Waiver is intended to be as broad and inclusive as the laws of the State of New Jersey allow, and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I further agree that if legal action is brought, the appropriate trial court for the County of Ocean, New Jersey has sole and exclusive jurisdiction and that only the substantive laws of the State of New Jersey shall apply.

Acknowledgement and Understanding: I have read and understand this agreement. I certify that I am of legal age and suffering under no known legal disabilities and that I am signing this Waiver voluntarily. If I am signing this Waiver on behalf of a minor I certify that I have full legal authority to do so and that no other person’s signature is necessary for this Waiver to be effective.

I understand that by signing this Waiver I am giving up substantial rights, including the right of the participant/child to sue for damages in the event of death, injury, or loss. I intend my signature to be a complete release of all liability, including that due to ordinary negligence by the School District, to the greatest extent allowed by the laws of the State of New Jersey.

PARTICIPANT’S SIGNATURE IF OVER 18

MOBILE PHONE NUMBER

DATE: _____

IF PARTICIPANT IS A MINOR, THE MINOR’S PARENT OR LEGAL GUARDIAN MUST SIGN BELOW:

(PRINT NAME OF MINOR PARTICIPANT)

(PRINT NAME OF PARENT/GUARDIAN)

MOBILE PHONE NUMBER

(PARENT/GUARDIAN SIGNATURE)

DATE