



COLDWATER COMMUNITY PICNIC

# FOURTH ANNUAL DODGEBALL TOURNAMENT

## Sunday August 2nd, 3:30pm Coldwater Memorial Park

Teams of 6 • Must Win 2 of 3 • Pre-Registration \$40 • \$50 Day of Event  
Cash Prize for Winning Team • Divisions 13 & Under / 14 & Over and  
Pre-registration Deadline is Friday, July 31st, 2015

Walk up registration day of game at Dodgeball court.

*For additional questions, please call Cody Mescher 419.763.1414*

In consideration of my participation in the DODGEBALL competition, the undersigned, independently and collectively, and on behalf of himself, his heirs, legates, personal representatives, and all those claiming by or through him, consent to, and does hereby, discharge, release and hold blameless the Coldwater Picnic Committee and all sponsors and or affiliates, servants, employees, agents, assigns and successors from any and all claims, actions, losses, damages, or expenses for personal or bodily injury (including death) and property loss or damage incurred by him or arising out of or in connection with his participation on the aforementioned Dodgeball Tournament to be held at the Coldwater Memorial Park. I hereby grant the Coldwater Picnic Committee and its legal representatives and assignees the irrevocable and unrestricted rights to use and publish any photographs of me, or in which I may be included for editorial, trade, advertising and any other purpose and in any other manner or medium. I hereby release the Coldwater Picnic Committee and its legal representatives and assignees from all claims and liability relating to said photography. I have read the foregoing and am of legal age to consent to this waiver.

1. \_\_\_\_\_  
Player Name

Player 1 Age on 8/2/2015 \_\_\_\_\_

\_\_\_\_\_  
Signature (parent or guardian if under 18)

Phone: \_\_\_\_\_

2. \_\_\_\_\_  
Player Name

Player 2 Age on 8/2/2015 \_\_\_\_\_

\_\_\_\_\_  
Signature (parent or guardian if under 18)

Phone: \_\_\_\_\_

3. \_\_\_\_\_  
Player Name

Player 3 Age on 8/2/2015 \_\_\_\_\_

\_\_\_\_\_  
Signature (parent or guardian if under 18)

Phone: \_\_\_\_\_

4. \_\_\_\_\_  
Player Name

Player 4 Age on 8/2/2015 \_\_\_\_\_

\_\_\_\_\_  
Signature (parent or guardian if under 18)

Phone: \_\_\_\_\_

5. \_\_\_\_\_  
Player Name

Player 5 Age on 8/2/2015 \_\_\_\_\_

\_\_\_\_\_  
Signature (parent or guardian if under 18)

Phone: \_\_\_\_\_

6. \_\_\_\_\_  
Player Name

Player 6 Age on 8/2/2015 \_\_\_\_\_

\_\_\_\_\_  
Signature (parent or guardian if under 18)

Phone: \_\_\_\_\_

Team Name: \_\_\_\_\_

**Please mail completed registration form to:**

Computer Distress • 105 West Main Street • Coldwater, Ohio 45828