

**HALLOWEEN HOE-DOWN  
CORNHOLE TOURNAMENT TEAM ENTRY FORM  
Deadline October 15, 2008**

**TEAM NAME:** \_\_\_\_\_

**PLAYER 1:** \_\_\_\_\_ PHONE: Home \_\_\_\_\_  
Cell \_\_\_\_\_

SEX (PLEASE CIRCLE):                      MALE                      FEMALE

ADDRESS: (STREET, CITY & ZIP): \_\_\_\_\_

AGE AS OF OCTOBER 18, 2008: \_\_\_\_\_                      DATE OF BIRTH: \_\_\_\_\_  
(REQUIRED)

SIGNATURE: \_\_\_\_\_  
PARENT/GAURDIAN SIGNATURE REQUIRED IF UNDER 18 YEARS OF AGE

**EMERGENCY CONTACT IF UNDER 18:**

NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**PLAYER 2:** \_\_\_\_\_ PHONE: Home \_\_\_\_\_  
Cell \_\_\_\_\_

SEX (PLEASE CIRCLE):                      MALE                      FEMALE

ADDRESS: (STREET, CITY & ZIP): \_\_\_\_\_

AGE AS OF OCTOBER 18, 2008: \_\_\_\_\_                      DATE OF BIRTH: \_\_\_\_\_  
(REQUIRED)

SIGNATURE: \_\_\_\_\_  
PARENT/GAURDIAN SIGNATURE REQUIRED IF UNDER 18 YEARS OF AGE

**EMERGENCY CONTACT IF UNDER 18:**

NAME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

- WAIVER OF CLAIM -

By signing, I hereby enter myself or my child into said tournament. Despite inherent risks associated with the sport of cornhole, I hereby agree to hold harmless and release the City of Richmond, its Council, officers, officials, employees, volunteers and other representatives from all claims for liability or legal responsibility for any damage or loss of any kind, including personal property or death, property damage, economic loss arising from participation in the tournament. I agree to protect, indemnify and hold harmless the City of Richmond and the listed persons and entities for any and all cost, liability, expense and claim arising from any act or omission committed by myself or my child related to the tournament. I further, on behalf of my child, agree to follow all rules and realize that my and my child's right to participate may be terminated at any point by the City of Richmond for not adhering to the rules.

I further, waive, release, discharge and hold harmless the City of Richmond, its officers, agents, employees, volunteers. Contributing sponsors and affiliated organizations for any physical or mental injury or aggravation of any pre-existing condition, illness, disability, death, loss of enjoyment, injury to persons or property, or any other harm or loss sustained by me or my child through participation in said tournament. In addition, I hereby give the City of Richmond the right to use my child's photographic image with or without my child's name, both single and in conjunction with other persons or objects for any and all purposes.

DO NOT WRITE BELOW THIS LINE

Date of Payment \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Payment Method: Cash \_\_\_\_\_ Check# \_\_\_\_\_

**Drop Off Entry Form & Money or Return To:  
Richmond Parks & Recreation Department  
321 North Second St.  
Richmond, KY 40475  
859-623-8753**