Battle the Blitz
Pay-to-Play Wheelchair Rugby Fundraiser
Saturday, September 30th, 2017
Ping Center 10am-6pm

Team Sign-Up $100 Registration Fee per team

Team Name: ___________________________________________________________
Name of Team Captain: __________________________________________________
Email Address of Team Captain: ___________________________________________
Phone Number of Team Captain: (______)____________________________________

Preferred Time of Play (Please rank 1-5):

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<th>Time</th>
<th>10:00am</th>
<th>11:00am</th>
<th>12:00pm</th>
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*There will be a lunch break from 12pm till 1pm*

Team Members (4-5)
Player #1 Name (Printed): ___________________________________________
Shirt Size: S  M  L  XL  XXL

Player #2 Name (Printed): ___________________________________________
Shirt Size: S  M  L  XL  XXL

Player #3 Name (Printed): ___________________________________________
Shirt Size: S  M  L  XL  XXL

Player #4 Name (Printed): ___________________________________________
Shirt Size: S  M  L  XL  XXL

Player #5 Name (Printed): ___________________________________________
Shirt Size: S  M  L  XL  XXL

Team Fees
Team Registration Fee (Includes 30 minutes court time, t-shirts) = $100

Please make checks payable to Ohio University Quad Rugby: Battle the Blitz

See Second Sheet
Assumption of Risk/Waiver of Release of Liability/Hold Harmless

As a participant, or as a parent/guardian of the participant in this program, I recognize that there are certain dangers and risks to participating in a wheelchair rugby program, including strenuous physical exertion, contact with other participants and/or equipment, serious injury, and even death. With this knowledge in mind, I voluntarily agree to assume the full risk of any injuries, damages, or loss resulting from participation and in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of my or my son/daughter’s participation in the program, against Ohio University, Division of Physical Therapy in the School of Rehabilitation and Communication Sciences, College of Health Sciences and Professions, Ohio University Quad Rugby: Battle the Blitz, Ohio Buckeye Blitz, Ohio Wheelchair Sports Association, and each entity’s trustees, officers, representatives, agents, employees, and volunteers. I do hereby fully release and discharge Ohio University, Division of Physical Therapy in the School of Rehabilitation and Communication Sciences, College of Health Sciences and Professions, Ohio University Quad Rugby: Battle the Blitz, Ohio Buckeye Blitz, Ohio Wheelchair Sports Association, and each entity’s trustees, officers, representatives, agents, employees and volunteers (the “Released Parties”) from any and all claims from injuries, damages or loss which I have or which may occur to me on account of my son/daughter’s participation in the program, including claims based on the Released Parties negligence, but not for claims resulting from the Released Parties gross negligence or willful or wanton misconduct. I further agree to protect, defend and hold harmless Ohio University, Division of Physical Therapy in the School of Rehabilitation and Communication Sciences, College of Health Sciences and Professions, Ohio University Quad Rugby: Battle the Blitz, Ohio Buckeye Blitz, Ohio Wheelchair Sports Association, and each entity’s trustees, officers, representative, agents, employees and volunteers from any and all claims resulting or in any way associated with my or my son/daughter’s negligent or intentional act or omission while participating in the wheelchair rugby program. I have read and fully understand the release form.

Participant #1 Name (Printed): ___________________________ Date: _______
Participant #1 (18 years old and over) OR Parent/Guardian (under 18 years old)
Signature: ___________________________ Relation: ___________ Date: _______

Participant #2 Name (Printed): ___________________________ Date: _______
Participant #2 (18 years old and over) OR Parent/Guardian (under 18 years old)
Signature: ___________________________ Relation: ___________ Date: _______

Participant #3 Name (Printed): ___________________________ Date: _______
Participant #3 (18 years old and over) OR Parent/Guardian (under 18 years old)
Signature: ___________________________ Relation: ___________ Date: _______

Participant #4 Name (Printed): ___________________________ Date: _______
Participant #4 (18 years old and over) OR Parent/Guardian (under 18 years old)
Signature: ___________________________ Relation: ___________ Date: _______

Participant #5 Name (Printed): ___________________________ Date: _______
Participant #5 (18 years old and over) OR Parent/Guardian (under 18 years old)
Signature: ___________________________ Relation: ___________ Date: _______

Mail or drop off completed forms to:
ATTN: Quad Rugby: Battle the Blitz
Ohio University
Grover Center W290

Forms can be completed the day of the event and should be turned into the registration table.

In case your team is not seated in the tournament, who should we return the check to?

________________________________________
________________________________________
________________________________________