

2015 FALL MUD BALL TEAM REGISTRATION/ WAIVER FORM

Team Name:

Contact Person:

Email: (REQUIRED)

Note: Email address is REQUIRED for registration.

Mailing Address:

City, State, Zip:

Phone 1: _____ Phone 2: _____

Deadline for Registration: All entries must be received by Aug 1, 2015, or when registration is full. Registration fee is: \$250 per team of 6-8 people.

Mail registration form and fee to:

Critical Edge
Attn: Mud Ball Registration
4924 E. Nettleton Ave.
Jonesboro, AR 72401

Refund Policy: Refunds will be given ONLY if games are cancelled due to severe weather. Cancellation will be determined by the Critical Edge and its agents. You have the option to proceed with your donation to the NICU.

Tournament Officials have the final word on game play.

Questions: Email Jennifer Bell, Chair (jbelle@criticaledgetech.com)

All teams and players must review the Rules. Regulations are posted on the Fall Mud Ball website at www.criticaledgetech.com/mudball and will be emailed to Team Contact and Roster upon completion of registration.

2015 FALL MUD BALL TEAM REGISTRATION/ WAIVER FORM

(6 team members required, 7/8 members are optional)

1. I, _____ (please print full name) am covered by my own medical insurance for any illness or injury at the Critical Edge Fall Mud Ball Volleyball Tournament. I am at least 16 years old. I hereby waive and release Critical Edge, MooTown Grill and Corn Maze and its agents from any and all liability for any injuries or illness incurred while playing. I hereby authorize Critical Edge and its agents to act for me according to their best judgment in any emergency requiring medical attention. I will be responsible for any medical fees or other charges in connection with attendance and participation in the Volleyball Tournament.

Sign: _____ **Date:** _____

2. I, _____ (please print full name) am covered by my own medical insurance for any illness or injury at the Critical Edge Fall Mud Ball Volleyball Tournament. I am at least 16 years old. I hereby waive and release Critical Edge, MooTown Grill and Corn Maze and its agents from any and all liability for any injuries or illness incurred while playing. I hereby authorize Critical Edge and its agents to act for me according to their best judgment in any emergency requiring medical attention. I will be responsible for any medical fees or other charges in connection with attendance and participation in the Volleyball Tournament.

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Internal Use Only. Received by: _____ on _____

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