

2021 Michigan Sugar Festival's

Youth Cornhole Tournament

Saturday
June 19th
2021

Captain Name: _____

Phone number: _____

Partner's Name: _____

Entry Fee: \$10 per team

Tournament Rules and Info:

- Each player can only register for one team
 - Double elimination tournament
- Check in starts at 12:45pm
- The tournament will start at 1pm

All games are played at the Sebewaing Village Park

To register call/text:
Corey @ 520-559-7058

Payment and registration can be dropped
off at Mast's Coffee or at check-in on
Saturday, June 19th at 12:45pm
Checks payable to Sebewaing Chamber

RELEASE of Liability: Sugar Festival Cornhole Tournament June 19th 2021

TEAM _____

Note: This form must be read and signed before the Sugar Festival Cornhole Tournament Players listed below are allowed to take part in any game.

I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury, or property loss. I HEREBY ASSUME THE RISKS OF WORKING / PARTICIPATING OR OFFICIATING IN A SUGAR FESTIVAL CORNHOLE TOURNAMENT EVENT. I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind, which arise out of or relate to my participation in, or my traveling to and from this event, THE FOLLOWING PERSONS OR ENTITIES: The Michigan Sugar Festival, The Village of Sebewaing, The Sebewaing Chamber Of Commerce, any Property Owners & Family along with any Business('s) associated in the use or renting of property, The Tournament Director(s) & Staff, Sponsors; and the officers, directors, employees, representatives, and agents of any of the above; b) I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein; and c) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions. BY SIGNING THIS FORM, I AFFIRM THAT I AM THE PARENT OR GUARDIAN OF THE MINOR WHO IS ENTERED IN THIS EVENT. I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ITS CONTENT. ALL PARENTS OR GUARDIANS OF THE PLAYERS LISTED BELOW ARE COMPLETELY INFORMED OF ALL INFORMATION.

TEAM WAIVER: All written above applies to every individual that signs this waiver

Captain/Player #1 _____

Parent or Guardian Printed Name _____

Parent or Guardian Signature _____

Date signed _____

Player #2 _____

Parent or Guardian Printed Name _____

Parent or Guardian Signature _____

Date signed _____