

DAVE & DARREN'S BATTLE OF THE BAGS

7/31/2010



Steve's Old Time Tap
\$40 Per team in advance/ \$50 day of
Check in 7:30 AM- 9AM
Tournament starts at 9:30 AM

Please Print

Team Name: _____

Player One:

Last Name: _____ **First Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone # _____ **Birth Date:** _____

STATEMENT OF WAIVER *must be signed and dated below.*

1. Recognizing the possibility of physical injury associated with the use of the recreational facility and engaging in the activity and program, and in consideration of the Cumulus Broadcasting, KBOB, Budweiser, and Steve's Old Time Tap, the undersigned hereby assumes any risk and releases, discharges, and otherwise indemnifies the, its employees and agents, including the owners of the facilities utilized by each company, against any claim for injuries received by the registrant as a result of participation in the program and activity or use of the City's recreational facilities or during transport to or from same, which transportation is hereby authorized.

2. The undersigned hereby gives consent for emergency medical care prescribed by a duly licensed physician or doctor of dentistry. This care may be given under whatever circumstances are necessary to preserve the life, limb, or well-being of the registrant.

Signature (**required**): _____ Date: _____

In the Event of an Emergency Contact: _____ Phone: _____

Player Two:

Last Name: _____ **First Name:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Daytime Phone # _____ **Birth Date:** _____

STATEMENT OF WAIVER *must be signed and dated below.*

1. Recognizing the possibility of physical injury associated with the use of the recreational facility and engaging in the activity and program, and in consideration of the Cumulus Broadcasting, KBOB, Budweiser, and Steve's Old Time Tap, the undersigned hereby assumes any risk and releases, discharges, and otherwise indemnifies the, its employees and agents, including the owners of the facilities utilized by each company, against any claim for injuries received by the registrant as a result of participation in the program and activity or use of the City's recreational facilities or during transport to or from same, which transportation is hereby authorized.

2. The undersigned hereby gives consent for emergency medical care prescribed by a duly licensed physician or doctor of dentistry. This care may be given under whatever circumstances are necessary to preserve the life, limb, or well-being of the registrant.

Signature (**required**): _____ Date: _____

In the Event of an Emergency Contact: _____ Phone: _____

Mail payment in full to:

Steve's Old Time Tap
223 17th Street
Rock Island, IL 61201