

# 2015 Clarksville Pioneer Days Volleyball Tournament

Location: Volunteer Park, Clarksville IA 50619

Date: June 13<sup>th</sup>, 2015

Time: Noon (Captains meeting at 11:45 to go over rules, scoring, etc.)

Entry Fee: \$60 per team. Payout will be 100% of entry fees going to top 2-3 teams(dependent on # of entries)

**Registration forms are due by JUNE 5, 2015**

Completed Registration Forms can be dropped off at Iowa State Bank in Clarksville or mailed to: Jeremy Miller  
PO Box 99

Questions: Contact Jeremy Miller @ 641-257-9500 or [millerjam99@hotmail.com](mailto:millerjam99@hotmail.com)

Clarksville, IA 50619

Please make checks payable to Jeremy Miller

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Team Name: \_\_\_\_\_

Team Captain: \_\_\_\_\_

Team Captain Phone #: \_\_\_\_\_ Team Captain Email: \_\_\_\_\_

NOTE: All team members are required to sign the attached waiver before participating (by a parent if under 18).  
Waivers will also be provided the day of the tournament.

## TEAM MEMBERS

PRINTED NAME	AGE	PRINTED NAME	AGE
1.		5.	
2.		6.	
3.		7.	
4.		8.	

### Tournament Rules:

1. Normal Volleyball rules will apply.
2. This is a co-ed tournament. Minimum of two girls needed on court at all times. If you have four guys and two girls, your team (only your team unless other team has four guys as well) will have to have a girl touch the ball if more than one person hits the ball.
3. Rally scoring
4. Double elimination tournament(may do differently depending on number of teams but plan on double elimination as there is only one court available)
5. Teams will call their own points, net infractions, carries, etc. If there is any question redo the point. ABSOLUTELY no arguing will be allowed.

### Additional Information:

- Please bring your own chairs/canopies
- Beverages are allowed to be brought on site (Please be responsible and clean up garbage/cans after)
- Registration limited to the first 8 teams.
- Must be 16 year or older to play

2015 CLARKSVILLE PIONEER DAYS VOLLEYBALL TOURNAMENT

AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

1. In recognition of the risk of injury while participating in the Clarksville Pioneer Days, Adult Sand Volleyball Tournament (Event) and as consideration for the right to participate in the Event, and intending to be legally bound, I hereby for myself, my heirs, executors, administrators, assigns, or personal representatives knowingly and voluntarily enter into this waiver and release of liability (Agreement) and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Event, and do hereby release and forever discharge Clarksville Pioneer Days Volleyball Tournament (Event), and its affiliates, managers, members, agents, attorneys, employees, volunteers, heirs, representatives, predecessors, successors and assigns, business and its affiliates, managers, members, agents, attorneys, employees, volunteers, heirs, representatives, predecessors, successors and assigns, the event site and its agents, attorneys, employees, volunteers, heirs, representatives, predecessors, successors and assigns and all sponsors and/or beneficiaries of the Event (collectively Hosts) from any and all liability, claims, demands, damages, actions, or causes of action now existing or which hereinafter may arise as a result of my participation in the Event, whether any injury is caused by the negligence of the Hosts, the negligence of myself or third parties, the conditions of the course or any other cause. 2. I agree to indemnify and hold harmless the Hosts against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorneys' fees, if litigation arises on account of claims made by me or anyone on my behalf. 3. I attest that I am physically fit and have trained sufficiently for the Event, and that it is my responsibility to consult with a physician prior to participating in the Event. I will not knowingly push beyond my physical limits at any time during the Event. 4. I recognize that various photographs, video recordings, and other media will be taken during the Event. I agree to grant the Hosts full permission to use any photographs, video recordings, or other media of the Event that contain my likeness for the purpose of promoting Clarksville Pioneer days (the organization) or the Event, or for any purpose deemed appropriate by the organization. 5. I acknowledge that this Agreement is the entire agreement between the Hosts and me, and that this Agreement cannot be modified or changed in any way by representations or statements of the Host or by me. 6. I hereby declare that I have read and fully understand this Agreement in its entirety and that, by clicking below (or signing below), I assent to all of the terms and conditions contained in this Agreement. 7. In the event of an emergency, I authorize medical attention from any licensed hospital, physician and/or medical personnel to any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered. It must be noted that the absence of health insurance coverage does not make Clarksville Pioneer Days or Pioneer Park (Event venue) responsible for payment of any medical expenses.

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PARTICIPANT NAME – PRINTED

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DATE

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PARTICIPANT SIGNATURE (PARENT IF UNDER 18)