



Isaac's Rays of Hope Youth/Adult Tournament

Team Name: _____

Participant Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email address: _____

Teammate Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email address: _____

Entry Fee (Circle Your Event):

\$20/Kids Team \$40.00/Adult Rec Team \$50.00/Adult Competitive Team

\$10/Youth individual \$20.00/Adult Rec Individual \$25.00/Adult Comp. Individual

(Team consists of two players of any age or gender)

You may register as an individual or register your team together.

Anyone under the age of 18 must have parent or guardian to sign

If registering by April 23rd, you will receive a free event shirt. Shirts are unisex sizes. Circle size:

S M L XL 2XL 3XL (\$1.00 extra for 2XL and 3XL)

I would like to purchase an armband for all you can drink beer/soda from 5P-8P.

(\$20) Yes/No *Must be 21 with proper identification to consume alcohol.*

Music provided by BACK IN THE SADDLE from 6P-9P

Start Times: Kids' Tournament (practice) Starts at 12:30 pm.

Adult Tournament (practice) Starts at 2:30 pm.

RELEASE AND WAIVER OF LIABILITY

It is my wish to participate in the IROH Cornhole Tournament to be held on Saturday, May 7, 2016 at the American Legion in Jerseyville, IL. I understand, appreciate, and acknowledge that property damage and injuries are common to such events. I fully assume the risk of such property damage and injuries, and I participate in this voluntarily and with my full knowledge of the inherent risks. I hereby waive and release any and all rights that either my heirs, successors and assigns or I may have against IROH, the Jerseyville American Legion, Jersey County, as well as all

event sponsors, volunteers, and other entities associated with this event arising from my participation in this event, including, but not limited to property damage and injuries. I further agree to indemnify and hold harmless all of the foregoing from any claim which may be made by me or on behalf by other third parties which might be made against me by others, arising from my participation in the foregoing event. This waiver shall remain valid and may not be unilaterally rescinded by the participant. This form is to be signed by participant or if participant is less than 18 years of age to be signed by the parent or legally responsible guardian. In addition to the release and waiver of liability, signing this form acknowledges that you have read and fully understand the IROH Cornhole Tournament.

Team Member #1 Signature (parent if minor): _____

Date: _____

Team Member #2 Signature (parent if minor): _____

Date: _____

*This form MUST BE signed and returned with your application and entry fee.

Registration & Payment may be mailed to: (Checks made out to IROH)

IROH
23817 Hollow Avenue
Jerseyville, IL 62052

Entry fee:

Registering a team:

_____ \$20.00/kids team

_____ \$40.00/Adult REC Team

_____ \$50.00/Adult Competitive Team

_____ \$20.00 Armband

Registering an Individual:

_____ \$10.00/individual

_____ \$20.00/individual

_____ \$25.00/individual

_____ \$20.00 armband

_____ Total Amount Enclosed (Team)

_____ Total Amount Enclosed (Individual)