

# Mixed Mayhem

## Co-Ed Doubles / Jr's Volleyball Grass Tournament



Date: **Saturday, May 20, 2017**

Time: **Play begins 9:05 a.m.**

Location: **Cottonwood Complex**

4300 South 1300 East

(West Lawn)

Divisions: **AA, A, B, Novice, Jr's**



**Pre-registration Deadline: May 19, 2017 by 12:00 Noon**

<p><b><u>Pre-Registration</u></b>                  UOVA Member \$20                  Non UOVA \$30                  Check in by 8:45 a.m.                  at the                  pre-registration table</p>	<p><b><u>Day of Registration</u></b>                  UOVA Member \$25                  Non UOVA Member \$35                  Registration will begin at                  8 a.m. and will                  end at 8:45 a.m.</p>	<p>To Register, please mail or bring                  form and payment to:  <b>Central City Recreation Center</b>                  615 South 300 East                  Salt Lake City, UT 84111                  385-468-1550                  Or online at <a href="http://www.activityreg.com">www.activityreg.com</a></p>
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**Division (Please Check One):**     **AA**     **A**     **B**     **Novice**     **Jr's**

Name of Participant \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

UOVA # \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

Name of Participant \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

UOVA # \_\_\_\_\_ Phone # \_\_\_\_\_ Email \_\_\_\_\_

**Assumption of risk. Liability release, Indemnification and Refund policy**

- Release and indemnification:** I hereby recognize and acknowledge that my child's participation in recreational activities may involve bodily and/or emotional injury to myself and/or my child. In consideration of my child being permitted to participate in such events, I, for myself and my child, my heirs, my executors and administrators, hereby voluntarily and knowingly indemnify and hold harmless, defend and release, wave and discharge Salt Lake County, and its officers, employees and volunteers from any and all suits, claims or liability, including negligence, based on any injury except that caused solely by the willful misconduct of Salt Lake County, that may result from my child's participation in Salt Lake County Parks and Recreation activities. In addition, I agree that I or my insurance company will pay for medical, hospitalization or any other expenses resulting from my child's participation.
- Refund Policy:** As per Salt Lake County policy and procedures, the Parks and Recreation Division may withhold 25% of the refund (program registration fee) for administrative costs. All refunds must be requested in person and accompanied with a written refund request. No refunds shall be given after the first day of the program.
- Collections:** I agree to pay Salt Lake County all cost incurred, together with reasonable attorney's fees in the event that my account is referred to the Salt Lake County Attorney's Office for collection. I understand that any account delinquent 30 days or more will be turned over to the Salt Lake County Attorney for collection.
- Emergency Treatment:** I hereby authorize Salt Lake County Parks and Recreation program staff to act on my behalf in accordance with their best judgment in case of an emergency involving my child, and agree to assume full responsibility for all expenses, medical or otherwise, that may arise there from. I understand that I or my insurance company will pay for such emergency treatments.
- Equal Opportunity:** Salt Lake County Parks and Recreation provides equal opportunity to participate regardless of race, creed, gender, or ability to pay, and will upon request, provide reasonable accommodations to individuals with disabilities.
- By signing this assumption of risk liability release, indemnification and refund policy statement, I acknowledge that I have read its contents and disclosure, that I understand its contents and disclosure, and that I agree to its terms.

Signature ( if under 18, Parent or Legal Guardian ) \_\_\_\_\_ Date \_\_\_\_\_

For office use only: Amount:	Receipt#	Date:	By:
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