



BAGS TOURNAMENT ENTRY FORM

Team Member 1: Name _____

Email _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone Number _____ **Email** _____

Team Member 2: Name _____

Email _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone Number _____ **Email** _____

Team Name (optional) _____

Registration Fee: \$30

(Cash due at check-in)

- Participant acknowledges this event/program may involve activities which can include risks such as, but not limited to, physical injury due to Bags Tournament, activity-related accidents, falls, illness, interaction with other participants, effects of weather, and traffic and other conditions of the road, and Participant hereby assumes all risks, including bodily and personal injury, property loss, and any other damages of any kind arising in any way out of participation in this event/program and related activities. Participant, heirs, executors, and administrators, hereby agree not to sue and to release, waive, and hold harmless, City of Highland, Highland Flügel Fest, Bags Tournament, and each of their officers, directors, lawyers, volunteers, employees, sponsors, or agents, from any and all liability, claims, demands, and causes of action whatsoever, arising from, or in any way related to, participation in this event/program and related activities.
- Participant hereby grants full permission for City of Highland, Highland Flügel Fest, and Bags Tournament, to use, reproduce, publicly display, publicly perform, and publish Participant's name and image as a participant in photographs, videos, and other recordings ("Images") for promotional purposes or any purpose. Participant expressly releases and holds harmless City of Highland, Highland Flügel Fest, Bags Tournament, and its officers, directors, lawyers, volunteers, employees, sponsors, or agents from any and all claims which Participant has or may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast, or exhibition of the Images.

Participant Signature _____ **Date** _____

Parent name and signature (if participant is under 18)

Parent Signature _____

Printed Name _____