

**WV State Championship Table Tennis Tournament  
2/21/2015**

**Registration Form**

Player Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Events: **Open, Division A, Division B, Doubles**

Entry Fee: **\$30.00** per event & **\$25.00** if entry and check is received at my (Dale Goff) address **prior** to the Tournament on 2/21. **Note: If you are already playing in a singles event, the cost of competing in the Doubles event will be an addition of only \$5.00 per person. Else, for those only playing in the Doubles event, the cost will be \$15.00 per person.**

Attractive Acrylic Trophies will be awarded to all 1st and 2nd Place winners.  
(Pizza, Fruits, Soft Drinks and Water are included with your registration)

Entry Fees: Make your check out to: Dale Goff (Write "State Open 2015" on the memo line.)

Mail your entry to: Dale Goff  
1105 Ivywood Lane  
South Charleston, WV 25309

Include a check for registration fee & the signed: Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement – below.

I will abide by all USATT regulations: \_\_\_\_\_

Player Signature

**Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement ("Agreement")**  
**PLEASE READ THOROUGHLY AND PROVIDE YOUR SIGNATURE**

1. IN CONSIDERATION of being permitted to participate in any way in the Annual Intercity Table Tennis Championship, hosted by the Charleston Table Tennis Club (CTTC), I and/or minor child, our personal representatives, assigns, heirs, and next of kin:
2. ACKNOWLEDGE, agree, and represent that I and/or minor child understand the nature of Table Tennis Activities and that I and/or minor child are qualified, in good health, and in proper physical condition to participate in such Activity. I further agree that if at any time I believe conditions or equipment to be unsafe, I and/or minor child will immediately discontinue further participation in the Activity.
3. FULLY UNDERSTAND that (a) TABLE TENNIS ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH, HARASSMENT, EXPOSURE TO INAPPROPRIATE CONDUCT AND LANGUAGE ("RISKS"); (b) these Risks and dangers may be caused by me and/or minor child's own actions, or inaction, or the actions or inaction of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SEVERE SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I and/or minor child incur as a result of my participation in the Activity.
4. HEREBY ACCEPT AND ASSUME ALL SUCH RISKS, KNOWN AND UNKNOWN, AND ASSUME ALL RESPONSIBILITY FOR THE LOSSES, COSTS, AND/OR DAMAGES FOLLOWING SUCH INJURY, DISABILITY, PARALYSIS, OR DEATH, EVEN IF CAUSED, IN WHOLE OR IN PART, BY THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW.
5. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the CHARLESTON TABLE TENNIS CLUB, their respective administrators, directors, agents, officers, officials, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I and/or my minor child, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.
6. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.
7. MEDICAL AND TRANSPORTATION RELEASE –I swear and affirm that I am in good physical condition and I am not aware of any previous or existing diseases or injury that would result in my being injured. I further acknowledge that I have procured on my own and currently hold valid and adequate insurance for such loss, damage, or injury and if I do not have valid and adequate insurance, I accept full responsibility for the cost of the loss, damage, or injury that might occur as a result of my participation in the Annual Intercity Table Tennis Championship. I give my consent to participate in any and all emergency transportation associated with activities during the Annual Intercity Table Tennis Championship, in the event I become incapacitated or otherwise not conscious to give direct consent and I accept full responsibility for all costs associated with all emergency transportation as deemed necessary. Further, as the parent/guardian of a participating minor athlete, I hereby give my consent for complete medical treatment and emergency transportation services as deemed necessary.
8. MEDIA AND PHOTO RELEASE – Any image, photographic, or otherwise, taken of tournament play or within the official venue is essentially the property of Charleston Table Tennis Club regardless of the Approved status of the recording instrument or photographer. Entrants agree to allow their voice and likeness in such images to be reproduced in connection with CTTC by way of any medium. CTTC is not responsible for nor can they control the use of camera phones inside the venue. Participants are hereby notified of this policy.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian  
For Athlete of Minor Age (18 and under)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date