



CITY OF MINNEOLA
DODGING MS DODGEBALL TOURNAMENT 2024
Registration Form and Team Roster

Date Applied: _____

Event Date: April 27, 2024

Team Captain: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Street Address: _____

City, Zip: _____

Cost per player: **\$20.00**

Team Name: _____

Player Names:

Phone Number:

Please make checks payable to: **City of Minneola**

All proceeds go to the National Multiple Sclerosis Society.

All registration forms must be accompanied by a Waiver of Liability form.

Questions? Call 352-394-3598 x161 or email recreation@minneola.us

Signature

Date

Printed Name

THIS AGREEMENT WAIVES LEGAL RIGHTS

PLEASE CONSULT AN ATTORNEY IF YOU HAVE ANY QUESTIONS

In consideration of the allowance of my use of the City of Minneola's recreational facility known as **Minneola City Hall Gymnasium** (hereinafter referred to as the "Facility") or participation in the City of Minneola's **2024 Dodging MS Dodgeball Tournament** program (hereinafter referred to as the "Program") or both, and for other good and valuable consideration, receipt of which is hereby acknowledged, I both for myself, my party, and for my heirs, executors, personal representatives, administrators, and assigns, release and forever discharge the City of Minneola, and it's officials, employees, agents, representatives, successors and assigns of all liabilities, claims, actions, damages, costs or expenses, including attorney's fees, which I may have against them arising out of or in any way connected with my use of the Facility or participation in the Program, including but not limited to, travel and transportation to or from any event or activity connected therewith, and including personal or bodily injuries, wrongful death or property damage which may be suffered by me or others before, during, or after my use of the Facility or participation in the Program. In further consideration of the acceptance of my application for use of the Facility or inclusion in the Program, and for other good and valuable consideration, receipt is hereby acknowledged, I , both for myself, my party or group, my heirs, executors, personal representatives, administrators, and assigns, agree to indemnify and hold harmless the City of Minneola, it's officials, employees, agents, representatives, successors and assigns for all liabilities, claims, actions, damages, costs or expenses, including attorney's fees, assessed against them arising out of or in any way connected with my use of the Facility or participation in the Program, including travel and transportation to or from any event or activity connected therewith and the operation of any equipment necessary for participation in the event or activity, and including personal or bodily injuries, wrongful death or property damage which may be suffered by me or others before, during or after my use of the Facility or participation in the Program. I understand that this release, waiver, and indemnification includes, but is not limited to, any claims based on gross negligence, negligence, action or inaction on any of the above parties, and includes, but is not limited to, personal injury, bodily injury, wrongful death and property damage. I further understand that this release waiver and indemnification is intended to be as broad and inclusive as permitted by the laws of the State of Florida.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE, WAIVER, AND INDEMNIFICATION OF LIABILITY, and further agrees that no oral representations, statements, or inducements, apart from foregoing written agreement, have been made.

Signature of Team Captain

Team Name

Print Name

City, State, & ZIP

Phone Number