



BLUE DEVILS ATHLETICS

Riverland Community College

Co-Ed Wiffle Ball League

When: League play begins September 12, 2016 and will continue till October 26, 2016

League Finale Tournament will be October 28-29 (Tournament seeding will be based off league record).

Who: Open to all Riverland Staff and Students, including PSEO students

Details: Games will be held at Riverland Community College in Austin, MN

Cost: \$20.00 per person. Minimum of 3 players to a maximum of 6 players per team

Registration with payment is due by Sept. 6st! Captain's Meeting Sept. 9th at 6PM room C123.

Team Name: _____

Team Captain: _____ **Team Captain's Phone:** _____

Official Roster

1. _____

4. _____

2. _____

5. _____

3. _____

6. _____

*** IMPORTANT NOTE:** For any game there must be as many females playing the field as males.

**** Each participant must sign and date a Waiver of Liability, Indemnification and Medical Release form below.**

Please turn-in registration and payment to either Michele Ihnen (East Building C135H) or Douglas Waldner (East Building C136).

Questions can be directed to Michele Ihnen 507-433-0527 or Douglas Waldner 507-433-0814.

WAIVER OF LIABILITY, INDEMNIFICATION, AND MEDICAL RELEASE

I am aware of the risks involved in participating in:

Event: Riverland Community College Wiffle Ball League
Date: November 5, 2016 thru October 30, 2016
Location: Riverland Community College

On behalf of myself, my personal representatives, heirs, next of kin, successors and assigns. I hereby:

- a. Waive, release and discharge the State of Minnesota and its agencies, officers, and employees from any and all liability for death, disability, personal injury, property damages, property theft or claims of any nature which may hereafter accrue to me, my child, and my estate or indirect result of my or their participation in the activity or event; and
- b. Indemnify, save, and hold harmless the State of Minnesota and its agencies, officers, and employees of, from and against any and all claims of any nature including all costs, expenses and fees arising out of or resulting from my child's actions during this activity or event.

I hereby consent to have medical treatment, which may be deemed advisable in the event of injury, accident or illness during this activity or event. This release, indemnification, and waiver shall be construed broadly to provide a release, indemnification, and waiver to the maximum extent permissible under applicable law. I, the undersigned participant, acknowledge that I have read and understand the above Waiver, Indemnification and Release.

Participant Name: _____

Date: _____

Participant's Signature: _____