



Adult Wiffleball Tournament

ADULTS AGES 18+

Your reason to act like a kid again is finally here...adult wiffleball! No need to run the bases or worry about chasing never ending ground balls. If you can throw and catch a ball and swing a bat, this tournament is for you. There will be designated hitting areas marked out for the batters and a strike-zone (K-Zone) for the pitchers. Each team will be guaranteed a minimum of 3 games. Minimum 3 players; maximum of 5 players on each team. *Minimum of 6 teams required to hold tournament.*

FEE: \$75 per team

DAYS/DATES: Saturday, May 2

LOCATION: To be determined

TIME(S): Starts at 10:00 a.m. *(schedules will be emailed to captains the week of tournament)*

NOTES: Official wiffleball bats and balls will be provided.

Games will be a self-umpired, but a tournament monitor will be present to facilitate tournament.

REGISTRATION DEADLINE: APRIL 10, 2020

Sign up early, we can't guarantee there will be openings after the deadline.

A LATE FEE OF \$10.00 WILL BE ADDED FOR EACH REGISTRATION AFTER THE DEADLINE.

PLEASE PRINT CLEARLY AND COMPLETE ALL FIELDS

Team Captain: _____

Team Name: _____

E-Mail: _____

Phone: _____

Mailing Address: _____

Team Members:

1. Name: _____ D.O.B.: _____ Age: _____ Signature: _____

2. Name: _____ D.O.B.: _____ Age: _____ Signature: _____

3. Name: _____ D.O.B.: _____ Age: _____ Signature: _____

4. Name: _____ D.O.B.: _____ Age: _____ Signature: _____

5. Name: _____ D.O.B.: _____ Age: _____ Signature: _____

SIGNATURE: _____ DATE: _____

Please read this form carefully and be aware that in signing up and participating in this program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services, when provided). PLEASE NOTE THAT THIS WAIVER AND RELEASE OF CLAIMS IS A COVENANT NOT TO SUE. IF YOU HAVE ANY QUESTIONS OR CONCERNS ABOUT SIGNING THE BELOW AGREEMENT, YOU SHOULD SEEK THE ADVICE OF INDEPENDENT LEGAL COUNSEL.

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims that I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the City of Marion and the Marion Parks and Recreation Department, including its officials, agents, volunteers and employees (herein collectively referred as the Marion Parks and Recreation Department). If I am registering my minor child/ward, I am authorizing them to participate in the program activity and state that my minor child/ward is in good physical condition to participate in this program/activity. I do consent and authorize the Marion Parks Department to provide first aid or call for emergency medical services, should the Marion Parks Department deem that such care be necessary. Further, I hereby waive the right to inspect the Marion Parks and Recreation facilities and hereby accept the condition of all such facilities that will be used in conjunction with this activity/program. Also, by signing this waiver form I grant full permission to the City of Marion and the Marion Parks and Recreation Department to use any photographs of me and/or my children taken during any Marion Parks and Recreation Department activity or at any of the Marion Parks and Recreation Department facilities for publicity, in its program booklet and/or on its website or social media. I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering a minor participant, I further attest that I have read the above to my minor child/ward.

I do hereby fully release and forever discharge the City of Marion and the Marion Parks and Recreation Department from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity.

REFUND POLICY: Recreation Programs and swimming lessons may only be made when requested prior to the start of the program. Request must be made in writing and a \$10.00 administration fee shall be deducted from the total participation fee. Late registration fees are not refundable.

RETURN FORM & PAYMENT TO: Marion Parks and Recreation, 4500 Tenth Street, Marion, IA 52302

For questions or more information please contact Marion Parks & Recreation at 319-447-3590

ADULT WIFFLEBALL TOURNAMENT (2020)