Disc Golf Tournament

TEAM NAME: _____

TEAM CAPTAIN: _____ PHONE #: _____
(Team captains will be responsible for the team and will speak on behalf of the team, if necessary)

Format:
- Four people per team
- Scramble format (best throw)
- 6 day event
- Must complete 36 holes within the Six day period
- Start Date: April 8TH , 2013
- All scores must be turned in by Monday April 15th, 2013 @ 5 p.m. in the Gym office

TEAM ROSTER:

1. Name: _____Student / Alumni / Staff or Faculty (circle one)
     T-Shirt Size_____
2. Name: _____Student / Alumni / Staff or Faculty (circle one)
     T-Shirt Size_____
3. Name: _____Student / Alumni / Staff or Faculty (circle one)
     T-Shirt Size_____
4. Name: _____Student / Alumni / Staff or Faculty (circle one)
     T-Shirt Size_____

Corban University - Intramural Code of Conduct and Liability Release

By signing this contract, I am making a promise to all other participants and God that I will conduct myself in a godly manner and remember that I am representing Corban University, and more importantly God, while participating in intramurals. I will be sure to not use any offensive language or body language while participating in intramural sports. I will treat all (participants and officials) with respect and follow the rules that are involved in the game. I realize that if I cannot follow these rules, there will be consequences, possible to the extent that I may not be able to participate in intramural sports again. I fully understand this contract and promise to God (Ecclesiastes 5:4-6) and all others that I will up hold the image of Christ while being competitive.

In addition, in signing this contract I recognize that Corban University provides no insurance coverage or payment for medical expenses for students who sustain injuries while participating in intramural sports. I recognize there are inherent risks of injury when participating in intramural sports and waive and release Corban University from any and all claims or demands for damages or injury, known or unknown, that I may have against Corban as a result of participating in intramural sports. I agree to assure and pay all my own medical and emergency expenses in the event of accident, illness or other incapacity occurring while participating in intramurals. I also agree that I am responsible to observe any physical restrictions as indicted by a physician.

(Please Print)

1. Name: _____   Signature: _____
   Date: ___/___/___

2. Name: _____   Signature: _____
   Date: ___/___/___

3. Name: _____   Signature: _____
   Date: ___/___/___

4. Name: _____   Signature: _____
   Date: ___/___/___