

TABLE TENNIS TOURNAMENT

SINGLES

NAME:		CELL PHONE#
CIRCLE ONE:	COMPETITIVE BRACKET	RECREATIONAL BRACKET

FORMAT:

- DATE: APRIL THE 2ND , APRIL 4TH @ TIME TO BE DETERMINED.
- REGISTRATION CLOSES ON MARCH 22ND
- TWO NIGHT TOURNAMENT IN THE GYMNASIUM

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://