



# CABIN FEVER

## BEAN BAG TOURNAMENT

### Registration Form

Name 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

T-Shirt Size: \_\_\_\_M \_\_\_\_L \_\_\_\_XL \_\_\_\_XXL

Name 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

T-Shirt Size: \_\_\_\_M \_\_\_\_L \_\_\_\_XL \_\_\_\_XXL

\$80/team

Checks should be made payable to: Cabin Fever Tournament

**COMPLETE REGISTRATION BY SIGNING THE FORM ON BACK OF PAGE**

## **Waiver**

In consideration of the furtherance of the Eagles Cancer Telethon and Cancer Research, objectives and work, and in consideration of your permitting me and my team member listed above to participate in this event, on behalf of myself and my team member, our heirs, executors, administrators and assigns, I hereby waive and release any and all rights and claims for damages which I or my listed team members may have against you, the municipalities through which the event will take place, as well as any others connected with the event, their heirs, executors, administrators, successors, and assigns for any and all injuries which I or my team members may suffer while taking part in this event or as a result thereof.

**Signature** \_\_\_\_\_

**Date**\_\_\_\_\_