



REGISTER NOW FOR THE JULY 14<sup>TH</sup> 2013



# BASTILLE DAY PETANQUE TOURNAMENT

**DOUBLES MÊLÉE** (TEAMS OF 2 - PARTNERS CHOSEN BY DRAWING)

**MEDALS & PRIZES FOR 1<sup>ST</sup>, 2<sup>ND</sup>, 3<sup>RD</sup> PLACES**

**RAFFLE TICKETS**

WHEN: **SUNDAY, JULY 14<sup>TH</sup>, 2013**

WHERE: **EDMONDS CIVIC PLAYFIELD** IN EDMONDS (WA) NEAR CORNER OF SIXTH AVE AND BELL ST - GPS ADDRESS IS *230 6TH AVE N EDMONDS WA 98020*

TIME: Welcome: **SIGN-UP STARTS AT 9 AM**  
Tournament: **COMPETITION STARTS AT 10 AM**

FEES: **\$10 PER PERSON** (includes coffee/rolls/water – does not cover lunch)

LUNCH (your cost): **FOOD and WINE by THE CHEESEMONGER'S TABLE**

T-SHIRT (OPTIONAL): **\$10 PER T-SHIRT**. Specify number of shirts for each size you order:  
 S                       M                       L                       XL

PAYMENT: **WRITE A CHECK** TO "EDMONDS PETANQUE CLUB" FOR YOUR COMPLETE PURCHASE: YOUR REGISTRATION (\$10) PLUS YOUR OPTIONAL T-SHIRT

PRE-REGISTRATION REQUIRED:  
**YOUR REGISTRATION MUST BE RECEIVED BY  
 JULY 12<sup>th</sup>, 2013.** PLEASE MAIL THIS REGISTRATION, YOUR SIGNED WAIVER,  
 AND YOUR NON-REFUNDABLE CHECK FOR YOUR COMPLETE PURCHASE TO:

*EDMONDS PETANQUE CLUB  
 c/o PRESIDENT MICHELLE MARTIN  
 1001 5<sup>th</sup> AVE S, STE 206  
 EDMONDS, WA 98020*

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUIRED FOR ALL PARTICIPANTS IN THE TOURNAMENT**

**STANDARD SPORTS ACCIDENT WAIVER AND RELEASE OF LIABILITY**

**Releasees:** (1) The Federation of Petanque USA and FPUSA's Member Clubs and Events; (2) The Edmonds Petanque Club (EPC), its Members, its Staff, its Board of Directors, and its Sanctioned Events; and (3) The City of Edmonds, WA, its staff and elected officials.

**Sport Activity: Petanque**

I acknowledge that this sport is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event and lack of hydration. These risks are not only inherent in athletics, but are also present for volunteers.

I hereby assume all of the risks of participating and or volunteering in this sport's events.

I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in this sport's events and have not been advised otherwise by a qualified person.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers, in which I may participate and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this sport, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: To waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me including my traveling to and from events, the following entities or persons: **all the Releasees named in the first paragraph of this form.**

I hereby consent to receive medical treatment which may be deemed advisable in event of injury, accident and or illness during this sport's events.

I understand that at this sport's events or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

**I hereby certify that I have read this document and understand its content.**

PARTICIPANT'S NAME

SIGNATURE OF PARTICIPANT

DATE SIGNED

*Return this waiver with your payment and registration by mail to be received by June 7<sup>th</sup>, 2012, to the Edmonds Petanque Club, c/o M. Martin, 1001 Fifth Ave S, Ste 206, Edmonds, WA 98020*

*Questions? Contact the Club by e-mail at [info@edmondspetanqueclub.org](mailto:info@edmondspetanqueclub.org) or call our Club President Michelle Martin at (425) 771-7073*