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THE FLORIDA & U.S. NATIONAL SHUFFLEBOARD ASSOCIATIONS, INC. ENTRY FORM AND RELEASE

(Pandemic Version)

The undersigned, as Player, Official or Worker, hereby agrees to participate in a shuffleboard tournament sanctioned by the Florida Shuffleboard Association, Inc., (FSA), and the U.S.A. National Shuffleboard Association (USNSA). I represent that I am familiar with the Rules and Regulations of Shuffleboard, including the special pandemic protocols, and am aware that although this tournament is generally supervised and officiated there is a risk of accident or injury to players, officials, workers and spectators because of the proximity of courts and players and because of the nature of shuffleboard and the equipment used. (For example, flying discs.)

I have inspected (or will inspect) the shuffleboard facility. I recognize that it may be owned and maintained by a private or public owner. I accept all risks of sickness (including Covid-19), injury or accident which I may suffer while on the premises where the tournament is held. In the event of sickness, injury or accident, I hereby authorize the representatives of the sponsoring Associations, and the officials of the tournament, to call a doctor and/or provide other medical or emergency treatment at my expense including, without limitation, emergency first aid. I agree to conform to all pandemic protocols issued by the FSA, the host club and facility owners. I agree to immediately leave the facility if so directed by the tournament director due to actual or suspected illness. I hereby release and agree to indemnify and save harmless the shuffleboard facility, the FSA and the USNSA, their directors, officiers, officials, workers, employees and agents from any and all claims or liability of any sort from or due to sickness or injury to me while present at the tournament facility or engaged in the customary activities of the tournament, recognizing that injury and accidents may occur when shuffleboard is played. This indemnification extends to and includes any and all costs and attorney fees that might be incurred as a result of such claim. I have read and clearly understand this Release and indemnification which is given as consideration for my participation in the tournament and for the specific purpose of protecting the facility owner, FSA and USNSA, and their individual representatives named above, from liability.

| Print Name of Player I | FSA Mbr Num. | State | Signature Player 1 | Date |
|--|--|--|--------------------|--|
| Player 1 Address | | | | |
| Player 1 Phone No. | | | Player 1 Email | |
| Print Name of Player I | FSA Mbr Num. | State | Signature Player 1 | Date |
| Player 2 Address | | | | |
| Player 2 Phone No. | | | Player 2 Email | |
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| Shuffleboard Association (USNSA tournament is generally supervised the nature of shuffleboard and the I have inspected (or will inspect) the or accident which I may suffer while and the officials of the tournament, pandemic protocols issued by the FI hereby release and agree to indeall claims or liability of any sort fround accidents may occur when shill have read and clearly understar | I or Worker, hereby agrees to participate a.). I represent that I am familiar with the and officiated there is a risk of accident equipment used. (For example, flying one shuffleboard facility. I recognize that on the premises where the tournament is to call a doctor and/or provide other mers. I the control of the premises where the shuffleboard save harmless the shuffleboard is played. This indemnificati | the Rules and Regulations of Stor injury to players, officials, discs.) It may be owned and mainta is held. In the event of sickness edical or emergency treatmer agree to immediately leave the board facility, the FSA and the hile present at the tournament on extends to and includes a which is given as consideration. | LEASE | s, and am aware that although this courts and players and because of sickness (including Covid-19), injury lives of the sponsoring Associations, noy first aid. I agree to conform to all to actual or suspected illness. Imployees and agents from any and tournament, recognizing that injury med as a result of such claim. |
| Print Name of Player I | FSA Mbr Num. | State | Signature Player 1 | Date |
| Player 1 Address | | | | |
| Player 1 Phone No. | | | Player 1 Email | |
| Print Name of Player I | FSA Mbr Num. | State | Signature Player 1 | Date |
| Player 2 Address | | | | |

Player 2 Email

Player 2 Phone No.