

Oregon Open High School Invitational Badminton Tournament

Portland Badminton Club
7275 NW Evergreen Parkway Bldg F #250
Hillsboro Or 97124

Open Boys/Girls-Singles and Doubles events

Coordinator Randy Dunlap 503 640-8659
See <http://www.portlandbadmintonclub.com> for tournament

Registration information.

*Schedule: Saturday: 9:30 am-Registration/Warm Up
Starting times 10:00am Boys/Girls Doubles 2:00pm Boys/Girls Singles
(All finals are scheduled for Sat.)*

*Timeliness: Please register 30 minutes before your first match.
2 minutes warm-up And 10-minute default rule.*

Format: Open Boys/Girls Singles and Doubles Events

Prizes (Trophy).

Make checks payable to Portland Badminton Club.

FILL OUT AND MAIL TO

The Portland Badminton Club, 7275 NW Evergreen Parkway, Bldg F #250, Hillsboro, Ore.

<i>Team Roster (Girls)</i>	<i>Girls Single</i>	<i>Girls Doubles</i>	<i>Partner's Name</i>

<i>Team Roster (Boys)</i>	<i>Boys Single</i>	<i>Boys Double</i>	<i>Partner's Name</i>

Waiver and Release of Liability

*Release and Covenant not to sue by signing this application, agree to waive any and all claims which may arise from my participation in the Badminton Tournament. In consideration of being permitted to participate in this competition. I release and discharge. The Portland Badminton Club,, Their volunteers ,Officers , Members, Heirs, assigns, Executors, and Administrators, and any and all participants in the this event, harmless for any bodily injury to myself or others, or for damages to, or for loss of property incurred during of The Badminton Tournament. I have read this agreement, understand its purpose and agree its term.
I have read this Release of Liability and Waiver Agreement, fully and understand the terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement. .*

For Participants of Minority Age

*This is to certify that I/We as parent(s)/ guardian(s) with legal responsibility for this participant do consent and agree not only to His/her release, but also for me, ourselves and my/our child involvement as stated above,
EVEN IF ARISING FROM THE Negligence OF THE RELEASEES, to the fullest extent permitted by law.*

Coordinator Name: _____ *Phone:* () _____

School Address: _____ *City:* _____ *State:* _____ *Zip:* _____

Of events () *Amount enclosed (\$*)

_____ *Coordinator (Signed)*

_____ *Date of Signature*