

GEEZER MEISTER PICKLEBALL TOURNAMENT INFORMATION

October 23-26, 2019 Rain date October 27th

Mark your calendars, and join us at Del Webb Spruce Creek Country Club for some fun and competition.

This is a “Skill Level” Tournament for players age 50 and over, who are rated 3.0 and above. We’ll also have an open division for men’s doubles and women’s doubles (on Saturday) for players, age 12 and above, who are rated 4.5 and 5.0.

This tournament will be round robin play for all skill levels, with the exception of the Men’s & Women’s Opens. The Opens will be a seeded double elimination. The registration fee is \$20 for the first event and \$8 for each additional event. Make checks payable to **SCGCC Pickleball Club**.

We will feature play in mixed doubles, men’s doubles, and women’s doubles. Skill levels will be 3.0, 3.5, 4.0, 4.5, and 5.0. Age groups within skill level will be established based on the number of entries. If age groups within skill level are combined, each age group will receive medals. Participants will compete in the skill level of the **highest** partner’s skill level and the **youngest** of the partner’s ages. This year, we will close registration September 30, 2019, **so send your registration early**. As certain brackets fill up we will close those earlier. There will be no refund of entry fee after September 30, 2019.

The tournament will be using the Engage Tour Ball for all events.

The Daily Schedule is as follows:

- October 23 Mens Doubles
- October 24 Womens Doubles
- October 25 Mixed Doubles
- October 26 Mens and Womens Open Doubles
- October 27 Rain Date will be held to complete any unfinished play from prior days.

During the first week of October we will send out the brackets of players by skill level and age group for verification. An additional email containing the play days and starting times for each skill level/age group will also be sent.

Geezer Meister Non Sanctioned Pickleball Tournament REGISTRATION & WAIVER

Please print legibly

Last Name: _____ First Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Mobile Phone: _____ Alternate Phone: _____

EMAIL ADDRESS: _____ very important email will be used
for additional information

EMERGENCY CONTACT Name: _____ Phone: _____

Individual Agreement, Release and Waiver of Liability

In consideration of being permitted to participate in The Geezer Meister Pickleball Tournament at Del Webb Spruce Creek GCC and related events and activities;

(1) I ACKNOWLEDGE, UNDERSTAND, DECLARE AND AGREE THAT:

(a) To the best of my knowledge, I am in Good Physical Condition and have no disease or injury that would be aggravated by participating in activities related to the Tournament;

(b) Participating in the Tournament may involve RISK OF INJURY TO ME, INCLUDING DEATH, LOSS OR DAMAGE TO ME OR MY PROPERTY, or other consequences, which might result not only from my own actions, inaction or negligence but also the actions, inaction or negligence of others, the rules of play, or the conditions of the premises or of any equipment used;

(c) There may be OTHER RISKS not known or not reasonably foreseeable; and Understanding All of the above,

(2) I ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE:

(a) Del Webb Spruce Creek GCC HOA, Del Webb Spruce Creek GCC Board of Directors, Leland Management, Del Webb Spruce Creek GCC Pickleball Club or any of its agencies, residents, employees or volunteers, coaches, trainers, officials affiliated with the organizations or any other individuals affiliated with the Tournament;

(b) any affiliated subsidiary, successor, organization, or related companies or businesses, other participants, participating or sponsoring agencies, organizations, agencies, sponsors, or advertisers, the respective administrators, officers, directors, agents, representatives, employees or volunteers of such entities or organizations;

(c) owners of premises used to conduct the Tournament FROM ANY AND ALL LIABILITY FOR INJURY, INCLUDING DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, OR ANY OTHER CONSEQUENCE in connection with entry in or arising out of participation in, performance in or lack of performance in, including travel en-route to and from the Games.

(3) I FURTHER AGREE THAT:

(a) Prior to participating, I will INSPECT the facilities and equipment to be used, and if I believe same to be unsafe, I will immediately REPORT such condition(s) to the tournament director, or official connected with the Tournament of same and either DECLINE TO PARTICIPATE or ASSUME THE RISK of participating;

b) I will ALLOW my PHOTOGRAPH, PICTURE or LIKENESS and/or VOICE to APPEAR in any official documentary, promotional (including any and all advertisements), television, radio or film coverage of the Tournament, WITHOUT COMPENSATION.

(4) I CONSENT TO ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with the Games.

I HAVE READ THIS WAIVER IN ITS ENTIRETY AND HAVE PROVIDED TRUTHFUL INFORMATION.

X _____

Participant Name (print)

Participant Signature

Date

All participants must complete the Agreement, Release and Waiver of Liability in order to compete in the tournament.

REQUIRED Registration Information

SKILL Level (please circle): 3.0 3.5 4.0 4.5 5.0

Skill level subject to tournament review

Age as of 12/31/2019: _____ Birthdate: ____ / ____ / _____

SHIRTS included (all shirts are men's size)

Circle Size: Small Medium Large XLarge XXLarge

Registration fee is \$20 first event \$8 each additional event and is required to be mailed with this registration form and waiver. Make checks payable to **SCGCC Pickleball Club**.

____ Men's Doubles Partner's Name, Age, skill level _____

____ Women's Doubles Partner's Name, Age, skill level _____

____ Mixed Doubles Partner's Name, Age, skill level _____

____ Open Doubles Partner's Name, Age, skill level _____

REGISTRATION, Waiver & Check must be received by Monday, September 30, 2019
These 2 pages of Registration and Waiver must be included along with your check or money order, sent to the following address:

Bruce Cowling
13537 SE 89th Terrace Road
Summerfield, Fl. 34491

Any questions, please contact tournament director Bruce Cowling at:
blcowling1950@gmail.com

Official use only:

Ck# _____ Amt. _____ Date _____