Line_____

Court_____

THE FLORIDA SHUFFLEBOARD ASSOCIATION, 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), or an affiliated District Club ("District"). 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 Association or District, 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 District, their directors, officers, 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 District, and their individual representatives named above, from liability.

Print Name of Player I	FSA Mbr Num.	Dist	Club	Signature Player 1	Date

Player 1 Address

Player 1 Phone No. Player 1 Email

Print Name of Player 2	FSA Mbr Num.	Dist	Club	Signature Player 2	Date

Player 2 Address

Player 2 Phone No. Player 2 Email

Line_____

Court_____

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Print Name of Player I	FSA Mbr Num.	Dist	Club	Signature Player 1	Date

Player 1 Address

Player 1 Phone No. Player 1 Email

Print Name of Player 2	FSA Mbr Num.	Dist	Club	Signature Player 2	Date

Player 2 Address

Player 2 Phone No. Player 2 Email