

Family Wellness 3rd Annual Inspire Wellness Adult Sand Classic

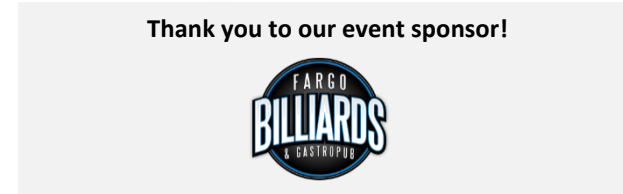
Fargo Billiards & Gastropub 3234 43rd Street S. Fargo, ND

Friday, June 3rd 2022



Team Registration Form (Registration Deadline is June 1st) Ages 18+

- \$150 registration fee per team.
- Session 1: 12:30pm – 5pm. Session 2: 5:30pm – 10pm
- Send completed forms to: kailynn.barrett@sanfordhealth.org (701-234-7001) or to Family Wellness 2960 Seter Parkway Fargo, ND 58104.



Team Name: _____ Date: _____ Time: Session 1 or Session 2 City: _____ State: _____ Zip: _____

Captain Name: _____ Phone: _____ E-mail: _____

- Check here if you are interested in a Tournament Sponsorship (\$1,000 total) which includes full business recognition Business Name: _____
- Check here if you are interested in a Corporate Sponsorship (\$300 total) which includes a team and business recognition Business Name: _____

*Should inclement weather arise, Family Wellness will move the games indoors.

Players Name (Printed)	Phone	E-Mail	DOB	Signature	Today's Date
1. (Captain)					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

Express assumption of risk, waiver and indemnification of liability: I represent that I and my family and guests, are physically able and qualified to participate in physical activities and the use of facilities provided by Family Wellness LLC and Fargo Billiards & Gastropub. I acknowledge and agree that family Wellness, LLC's services and facilities and Fargo Billiards & Gastropub facilities used by myself and my family and guests are accepted "AS IS" and shall be undertaken at my sole risk. I understand that there is risk involved in physical activities, including risks of bodily injury, partial or total disability, paralysis and death as well as other foreseeable and unforeseeable damages, including damage to property. I understand that there is also a very remote possibility that I might be exposed to bodily fluids (i.e. blood) which may contain the Hepatitis B agent or HIV virus. I knowingly and voluntarily acknowledge my full understanding of risks and assume such risks on behalf of myself and my family and guests. On behalf of myself and my family and guests, and our respective heirs, personal representative, administrators, and assigns, I hereby waive and relinquish any claims, rights and causes of action that I or my family or guests may have against Fargo Billiards & Gastropub, Family Wellness, LLC and its members, governors, officers, employees, agents, officials, successors and assigns, for any injuries or damages to me or to my family or guests arising out of the use of the Family Wellness, LLC services or facilities or Fargo Billiards & Gastropub facilities, whether or not arising from acts of active or passive negligence on the part of Family Wellness, LLC, its employees or agents or Fargo Billiards & Gastropub. On behalf of myself and my family and guests, and our respective heirs, personal representatives executors, administrators and assigns, I hereby agree to indemnify and hold harmless Fargo Billiards & Gastropub, and Family Wellness, LLC, employees, agents, officials, successors and assigns, from any and all claims, demands, actions, costs or causes of action, including attorneys fees and costs of defense relating to any such injuries and damage arising out of or resulting from my use or use by my family or guests, or any of Fargo Billiards & Gastropub or Family Wellness, LLC's services or facilities wherever or however they occur. I hereby authorize Family Wellness, LLC's employees/officials to act in accordance with their best judgment in case of any injury or emergency that may occur for my, my family or my guests. Should medical care be necessary, I agree to pay the cost of such medical care or treatment.