



# FALL FOLIAGE JUNIOR SQUASH TOURNAMENT

**TOURNAMENT:** Fall Foliage Junior Squash Tournament

**LOCATION:** Dartmouth College, Hanover, New Hampshire

**DATE:** Saturday/Sunday, October 9th and 10th

**FACILITY:** Berry Squash Courts (10) – Enter through Alumni Gym

**DIVISIONS:** Girls and Boys under 13, 15, 17, 19, and mixed under 11

**ENTRY FEE:** \$80 (plus \$15 for non U.S. SQUASH members)

Includes: Prizes and two meals

**DRAWS WILL BE LIMITED IN NUMBERS**

**ENTRY DEADLINE IS SATURDAY, OCTOBER 2nd 6:00PM**

**START TIMES:** All start times will be emailed. If necessary please phone 603-306-1297  
or e-mail fallfoliage2010@aol.com

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## FALL FOLIAGE ENTRY FORM

Please remit with payment (check only) to Fall Foliage Junior Squash Tournament,  
7 Austin Avenue Apt.1, Hanover, NH 03755

**NAME:** \_\_\_\_\_

**CATEGORY:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE #:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**U.S. SQUASH #:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

### Release of Liability and Waiver

I hereby relieve, release, and forever discharge and agree to indemnify and hold harmless the Fall Foliage Junior Squash Tournament (located at Dartmouth College. Dartmouth College is not a co-sponsor of this event), Dartmouth College and the United States Squash Racquet Association, their servants, agents, and employees from any and all claims and demands of every kind and character from injury to my person or damage to property as a result of my participation in the Fall Foliage Junior Squash Tournament, held on October 9-10<sup>th</sup>, 2010. I agree to carry primary medical insurance and abide by all the tournament policies. I have read this Release of Liability and Waiver Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without and inducement.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I/we as parent(s)/guardian(s) with legal responsibility do consent and agree to his/her release to the fullest extent permitted by law.

Parent/Legal Guardian Player Signature \_\_\_\_\_ Date \_\_\_\_\_