

THE USA-NSA NATIONAL SHUFFLEBOARD ASSOCIATION  
ENTRY FORM AND RELEASE

The undersigned, as player, official, or worker hereby agrees to participate in a shuffleboard tournament sponsored by the USA-National Association, or an affiliated District Club. I represent that I am familiar with the Rules and Regulations of Shuffleboard, and I 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 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 (Covid, etc.), injury, or accident that 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, 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 hereby release the shuffleboard facility, the USA-National Shuffleboard Association, Districts, their directors, officers, officials, workers, employees, and agents from any liability for 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 release is given as consideration for my participation and for the purpose of protecting the facility owner, USA-National Association, District, and their individual representative named above, from liability.

\_\_\_\_\_  
Name of Player (Please Print)

\_\_\_\_\_  
State of Participation/#

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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