

**Scott County VA. Star Summer Slam**  
**Aug. 18, 2012**  
**Weber City Recreation Complex**

**Registration Deadline** – Aug 10, 2012 at 5 p.m.

**Cost is \$25 per division (payable to SCRD) \$\_\_\_\_\_ Fee enclosed. Mail to: SCRD 247 Fore Drive, Suite 201, Gate City, Va. 24251. E-mail: [recreation@scottcountyva.com](mailto:recreation@scottcountyva.com)**

**Circle division(s) entered: Boys - 12s, 14s, 16s, 18s; Girls - 12s, 14s, 16s, 18s**

**Ranking: State \_\_\_\_\_; Sectional \_\_\_\_\_; National \_\_\_\_\_; H.S. Team \_\_\_\_\_**

**Name - \_\_\_\_\_ Age - \_\_\_\_\_ T-shirt size- \_\_\_\_\_**

**Address - \_\_\_\_\_**

**Ph. Number - \_\_\_\_\_ Cell \_\_\_\_\_**

**E-mail - \_\_\_\_\_**

**COVENANT NOT TO SUE, RELEASE AND INDEMNITY AGREEMENT**

In consideration of the acceptance of my application for this activity, I hereby covenant not to sue the organizers, the promoters, sponsors, the officials, the County of Scott, the Scott County School System or any of their employees, agents, or representatives involved with this activity and I forever waive, release and discharge, said individuals and entities and each of them from any and all claims for person injury or property damage which I may have or which may subsequently occur to me as a result of my participation in this activity and I hereby agree to indemnify and save and hold harmless said individuals and entities and each of them from any loss, liability, damage or cost they or each of them might incur due to my presence or participation in this activity.

It is expressly agreed that the forgoing not to sue, release, discharge, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the Commonwealth of Virginia and furthermore binding on my heirs, executors and assigns.

I recognize that there may be difficulties involved with this activity and I certify that I am sufficiently physically fit to participate in such an activity and I have no physical limitations or restrictions which would prohibit my participation nor have I been advised by a physician that I have such limitations or restrictions.

**Parent's signature \_\_\_\_\_ Player's signature \_\_\_\_\_**

**For more information: Contact the Scott County Recreation Department – 276-452-2442**