Squash Tournament
June 21 & 22, 2014

Name: ________________________________  Gender: ○ Male  ○ Female

Phone: ___________________  Email: ____________________________

Emergency Contact Name/Phone: ____________________________

TOURNAMENT INFORMATION
Members and Non-Members are welcome to play. Family and Friends are welcome to watch. All matches will be played at the University Health Club over the course of two (2) days.

TOURNAMENT STYLE/SEEDING
The style of the tournament will be singles only, double elimination, with separate brackets for both women and men. There will be no seeding; players will be matched randomly to his or her opponent. Brackets will be created and posted the day before the tournament.

TOURNAMENT PLAY & SCORING RULES
First round matchups start at 8:00am on Saturday. Players will be notified of his or her approximate beginning match time. Matches are to be played promptly to avoid delaying tournament progress. A player will have to forfeit the round if he or she fails to present themselves promptly for a match. The overall length of the tournament will depend on the number of entries, as well as the speed of matches played. The style of the tournament may be changed depending upon the number of player entries. Players must bring their own squash racquet. Squash balls will be provided unless both players agree to use a different one.

The rules of the tournament will follow the World Squash Federation rules with the following exceptions. Players will officiate and keep score of their own matches. If a discrepancy cannot be resolved between two players, a witness may be called upon to confirm points or fouls. If no decision can be made, the point is to be re-played. A match win will be determined by winning the best three (3) out of five (5) games. Games will be played to eleven (11) points, winning by at least two (2).

UNIVERSITY HEALTH CLUB RULES
Suggestive language, unsportsmanlike conduct, and aggressive/offensive behavior are prohibited and will not be tolerated. Eye protection and athletic non-marking shoes are always required to play.

ENTRY FEES
$15.00 plus tax. Entry fees are non-refundable.

Brian Phillips (405) 271-1650  or  brian-phillips@ouhsc.edu
RACQUETBALL/SQUASH TOURNAMENT RELEASE
UNIVERSITY HEALTH CLUB
June 21 & 22, 2014

PLEASE TYPE OR PRINT CLEARLY

Participant Name (please print): ________________________________________________________

Home Address (city, state, zip): ______________________________________________________

LIABILITY WAIVER AND RELEASE/ASSUMPTION OF RISK. I hereby affirm that I am in proper physical condition to participate in the University Health Club Racquetball/Squash Tournament. In consideration of my participation in the Racquetball/Squash Tournament, I hereby agree to fully assume any and all risk of personal injury and property damage that may arise from my participation and attendance. I further agree to waive any and all claims for myself and my heirs for personal injury and property damage, of any kind or character whatsoever, against the Board of Regents of the University of Oklahoma, its employees, officers, directors and all sponsors and their agents, servants and employees, as well as all other event location owners and organizations, all participating companies and organizations and volunteers, hereinafter, collectively referred to as the (“Releasees”), and hereby release the Releasees from all liability for any such claims of injury or illness which may directly or indirectly arise from, or occur as a result of my participating in the Racquetball/Squash Tournament.

INDEMNITY. In further consideration of acceptance of this entry to participate in and attend the Racquetball/Squash Tournament, I hereby agree to indemnify and hold harmless the Releasees from and against any and all claims of third parties, including but not limited to fellow employees and members of the public, for personal injury and/or property damage which may result from or be caused by the undersigned’s intentional, deliberate or negligent conduct while engaging in and/or attending the 2014 University Health Club Racquetball/Squash Tournament. This indemnity shall survive my participation in and attendance at the Triathlon events.

PERMISSION TO USE NAME AND PHOTO. I understand that while participating in the Racquetball/Squash Tournament I may be photographed by the Releasees or their agents. I hereby grant my permission to the Releasees the exclusive and free right to tape, broadcast, telecast, video, sell, photograph, record, or use in any other electronic or mechanical reproduction in connection with the Racquetball/Squash Tournament, my name or my likeness alone or with other persons, together with alterations or edited versions of the foregoing.

CANCELLATION AND START TIME. I understand that the 2014 University Health Club Racquetball/Squash Tournament may be canceled in the sole judgment and discretion, including if unsafe conditions exist for any reason, but not limited to rain, snow, sleet, hail, lightening, tornado conditions, heat, civil disturbances, strikes or any other circumstances found to cause unsafe conditions by sponsors.

I further agree that the starting time of the event may be changed at the sole discretion of the Releasees.

By signing this form, I acknowledge that I have read this Racquetball/Squash Tournament Release Form in its entirety, and fully understand if I am signing as the parent or legal guardian of a minor participant. I accept these terms and agree to this release on behalf of and in the interest of the minor, and agree with its contents, and fully accept all of its terms, conditions, and provisions.

Participant Signature: ____________________________ Date __________

Parent or Legal Guardian Signature: ____________________________ Date __________

(if participant is a minor)