



REGISTRATION FORM

**August 14, 2010 • Batten Center at
Virginia Wesleyan College • 9 A.M. – 3 P.M.**
\$350 Entry fee per team (8 player maximum), 8:00 a.m. Registration

Make checks payable to "Wheeler Benefit Foundation", mail completed forms to
 Wheeler Dodgeball, 2529 Virginia Beach Blvd, Suite 200, Virginia Beach, VA 23452
www.wheelerdodgeball.com



ASSUMPTION OF RISK STATEMENT

Please read this information carefully and be aware that by participating in this event, you will be expressly assuming all risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of participating in any and all activities associated with this event. I recognize and acknowledge that there are certain risks of physical injury to participate in this event, and I voluntarily agree to assume the full risk of any injuries, damages or loss, regardless of severity, that I may sustain as a result of participating in all activities associated with this event. I further agree to waive and relinquish all claims I may have as a result of participating in this event against the Wheeler Dodgeball Benefit Tournament, Wheeler Benefit Foundation (W.B.F.) and The Batten Center at Virginia Wesleyan College, including but not limited to their officials, agents, volunteers, employees, and sponsors. I also give consent for the use of my likeness to be used by the Wheeler Benefit Foundation in promotional materials.

I do hereby, on behalf of myself, successors, heirs and assigns, fully release and forever discharge the Wheeler Dodgeball Benefit Tournament, Wheeler Benefit Foundation (W.B.F.) and The Batten Center at Virginia Wesleyan College from any and all claims for injuries, damages or loss that I may have, or which may accrue to me, by participating in this event. **By signing below, you indicate that you have read and agree to the "Assumption of Risk Statement" above.**

Team Name _____ **Co. Name and Team Captain** _____
Mailing Address _____
City _____ **State** _____ **Zip** _____
Phone _____ **E-mail** _____

TEAM ROSTER*

	Player Name	E-mail	Phone	Shirt Size	Signature
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Shirt sizes available: XS, S, M, L, XL, XXL. Completed forms and payments due by July 31, 2010.

***At least 3 females must be on the court at the start of every game. All players must be 18 years of age or older. W.B.F. is a 501(c)(3) non-profit.**