

# THE 5TH ANNUAL ENDLESS SUMMER VOLLEYBALL TOURNAMENT



*Proceeds Benefit Project Liberty Call, a program that supports the military families' throughout the year*

**Friday  
September 12, 2008  
10:00 am - 4:00 pm  
Del Mar Beach  
Camp Pendleton**

ALL PARTICIPANTS & ATTENDEES MUST HAVE VALID PHOTO ID, CAR REGISTRATION & AUTO INSURANCE TO GET ON BASE. EACH INDIVIDUAL PARTICIPANT AND/OR ATTENDEE MUST SIGN AND RETURN TO NSDCAR AN "INFORMED CONSENT & WAIVER OF LIABILITY" FORM. (see back)

DEADLINE TO PURCHASE ADMISSION TICKETS IS SEPTEMBER 5, 2008  
NO ADMISSION TICKETS WILL BE SOLD AT THE DOOR.

**\$25.00 ADMISSION TICKET**  
(Includes 1 raffle ticket and lunch)

**TROPICAL  
THEME  
THIS  
YEAR!!**



## Volleyball Team Registration

4 - 9 PLAYER TEAMS  
2 OF THE PLAYERS ON THE TEAM MUST BE WOMEN  
ALL LEVELS OF PLAY ARE ENCOURAGED  
TOURNAMENT IS DOUBLE ELIMINATION

PLEASE RSVP AS SOON AS POSSIBLE. RESERVATIONS WILL BE ACCEPTED ON A PAID, FIRST COME, FIRST SERVE BASIS. PLEASE MAKE SURE THAT YOU INCLUDE YOUR TEAM NAME, AND ALL PLAYER NAMES ON YOUR REGISTRATION FORM AT THE TIME OF REGISTRATION. 4 ADMISSION TICKETS ARE INCLUDED IN THE \$175 TEAM REGISTRATION FEE, IF ADDITIONAL ADMISSION TICKETS ARE NEEDED, THEY MUST BE PURCHASED IN ADVANCE OF THE EVENT AT \$25 EACH. ALL PARTICIPANTS MUST SIGN AND RETURN WITH REGISTRATION FORM AN "INFORMED CONSENT & WAIVER OF LIABILITY" FORM. (see back)

REGISTRATION DEADLINE IS SEPTEMBER 5, 2008

**\$175.00 PER TEAM**  
(Includes 4 Admission tickets)

Member # \_\_\_\_\_ Contact Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Member Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

**TEAM INFORMATION**

TEAM NAME: \_\_\_\_\_

TEAM CAPTAIN: \_\_\_\_\_

PLAYERS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ TEAM @ \$175.00 each = \$ \_\_\_\_\_  
\_\_\_\_\_ ADMISSION TICKETS @ \$25.00 = \$ \_\_\_\_\_

\_\_\_\_\_ TOTAL \$ \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EXP DATE: \_\_\_ / \_\_\_

PRINT NAME \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

## INFORMED CONSENT AND WAIVER OF LIABILITY

### Assumption of Risk for the North San Diego Association of Realtors®

This is a voluntary release of liability and complete assumption of risk. I hereby release Marine Corps Base Camp Pendleton, California (hereinafter 'Camp Pendleton'), the United States Marine Corps, the Department of the Navy, the United States Government, and all agencies and instrumentalities thereof, its agents, officers, servants, and personnel (hereinafter call 'the government'), from any and all liability, claims, demands and actions whatsoever resulting from my presence on Camp Pendleton, or my involvement in a Picnic/Volleyball Tournament aboard Camp Pendleton sponsored by North San Diego County Association of REALTORS®.

This release applies to myself, and to my parents, spouse, children, guardian, executors, future heirs, assigns, creditors and administrators. This release of liability includes, but is not limited to claims based on negligence, both passive and active, of the government arising out of, or relating to any loss, damage, illness, death, or injury that may be sustained while on Camp Pendleton. This release also applies to all dangers inherently involved in the event, which I desire to participate. I understand that the risks involved in this event include, but are not limited to, risks resulting from swimming, surfing, or other miscellaneous games; fatigue, physical exhaustion, dehydration, poor conditioning, or other medical or trauma-related ailments or injuries.

Known risks aboard military installations include, but are not limited to: (1) Injuries or death resulting from strenuous activities; (2) Injuries or death resulting from recreational activities; (3) High volumes of traffic by civilian and military vehicles; and (4) Significant distances from the event site to medical treatment facilities or hospitals.

I hereby authorize emergency medical treatment in the event of injury or illness. I also authorize trained health care providers, including; but not limited to physicians, nurses, nurse practitioners, and hospital corpsmen, to administer routine and/or emergency medicines and treatments, as needed. I hereby release these health care providers from all liability for acts associated with providing me with emergency medical care.

I understand that no special measures have been taken to specifically address the needs, tendencies and care of minor children. I agree that this release applies, not only to myself, but also to my minor children who accompany me, and to any minor children entrusted to my care or guardianship.

I further state that I, \_\_\_\_\_, have carefully read the foregoing release, know the contents thereof, and sign this release as my own free act, on behalf of children and/or my children or myself for whom I am authorized to act as a legal guardian.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Witness: \_\_\_\_\_

Witness: \_\_\_\_\_