



**Sertoma Summer Sizzle
August 14th-15th 2009**

Kickball Team Application

Team Name: _____

Team Captain: _____

Address: _____

City, State, Zip: _____

Home or Cell Phone: _____ **Work Phone:** _____

E-mail: _____

10 Total Kickball Team Members - 5 Male and 5 Female

ENTRY FEE \$150

(Includes 10 tickets to Sizzle for your team)

Payment & Application Deadline is August 7th

Please make cashier checks or money orders payable to: Summers at The River

Mail to:

Summers at The River 2142 North Sports Complex Lane Nixa, MO 65714

RELEASE AND INDEMNITY AGREEMENT: In consideration of the granting of the right to participate, entrants, participants and spectators, by execution of this form, release Summers at The River, Springfield Sertoma Club, and their officers, directors, and any representative or workers, or property owners, or occupiers, or sponsors connected with the presentation of the Sertoma Summer Sizzle of and from any claims, injuries, losses, damages or judgments that may be suffered by the entrant, participant, or spectator to his person or property and agree to indemnify the aforesaid parties any loss, liability, expenses, or payment resulting from any such injury to person or property. I agree to abide by all Rules and Regulations of the 2009 Sertoma Summer Sizzle. I also agree to encourage my team members and other visitors to abide by the contest rules to the best of my ability.

SIGNATURE: _____ DATE: _____

www.SummerSizzle.net

www.SummersRiver.com