



KING PIN CUP



STARTING APRIL 18
FOR 7 WEEKS



REGISTRATION FORM

Team Name: _____ Team Captain _____

1. Name _____ Phone _____ Email _____

2. Name _____ Phone _____ Email _____

3. Name _____ Phone _____ Email _____

4. Name _____ Phone _____ Email _____

5. Name _____ Phone _____ Email _____

GAME RULES:

- Five players per team, 2 games per week for 7 weeks
- Top 4 teams play in the finals
- Highest scoring team wins the first place prize.
- 1.5 hours to complete games, failure results in point loss
- Frame faults result in redo and resetting time
- Team manager tracks and submits team score sheet to the front desk
- Absent teams result as NO SHOW/missed games can be re-scheduled (Fee of \$50)
- All games start on time
- Teams should arrive 10 minutes prior to the game
- All team members must be 18 and above

Minimum of 10 teams needed

Number of Participants : 5 participants each team

League Fees : \$499 per team

League Venue : King Pin Bowling

Date : Tuesday, Wednesday,
or Thursday

Time : 6:00 - 7:30 pm and
7:40 - 9:10 pm

Prizes:

Participating companies will have their logos displayed within the Bowling Alley for up to 1 year. Winners of the King Pin Cup will have their team picture displayed in a frame and their team name on the King Pin trophy. Winner's will also receive a trophy to display at a place of their choosing along with individual medals for each player.

PLEASE PLACE SIGNATURES ON SECOND PAGE

WAIVER RELEASE

All players must sign release form before participation in any sports activity.

1. HEREBY RELEASES, WAIVES DISCHARGES AND COVENANTS NOT TO SUE KING'S SPORTS CENTRE, the promoters, other participants, operators, officials, any person in restricted area, sponsors, advertisers, owners and lessees of premises used to conduct the event and each of them, their officers and employees all for the purposes herein referred to as observing or working for or any other purpose participating in the event. King's Sports Centre, from all liability to the undersigned, their personal representatives, assigns, heirs, and next of kin for any and all damage, and any claim or demands thereof on account of injury to the person or property or resulting death of the undersigned whether cause of negligence of King's Sports Centre or otherwise while the undersigned is in or on premises, and or competing, officiating in, observing or working for or any other purpose participation in the event.
2. I KNOWING AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF KING'S SPORTS CENTRE OR OTHERS, AND ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION AND;
3. I willing agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring to the attention of the nearest official immediately; and
4. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENT.
5. THE RISK OF INJURY FROM THE ACTIVITIES INVOLVED IN THESE PROGRAMS IS SIGNIFICANT. INCLUDING THE POTENTIAL FOR PERMANENT DISABILITY AND DEATH, AND WHILE PARTICULAR RULES, EQUIPMENT, AND PERSONAL DISCIPLINE MAY REDUCE THE RISKS OF SERIOUS INJURY TO ME DOES EXIST.

X _____ DATED SIGNED _____
Participant's Signature

X _____ DATED SIGNED _____
Participant's Signature

X _____ DATED SIGNED _____
Participant's Signature

X _____ DATED SIGNED _____
Participant's Signature

X _____ DATED SIGNED _____
Participant's Signature

OPTIONAL PAYMENT AUTHORIZATION

DRIVER'S LICENSE: _____ PAYMENT METHOD: _____

NAME ON CREDIT OR DEBIT CARD: _____

CREDIT OR DEBIT CARD NUMBER: _____

EXP DATE: _____ CCV: _____

I AUTH ORIZE KING'S SPORTS CENTRE TO CHARGE THE DEBIT/CREDIT CARD OUTLINED IN THIS FO RM FOR THE AMOUNT
STATED BELOW ON EXA CTLY 30 DAYS AFTER THE MENTIONED DATE ABOVE.

AMOUNT: _____ SIGNATURE: _____

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