



**Hampton Township Fall Festival
Bocce Ball Registration
Hampton Park "The Pit"
1 Rumsey Way, Newton, NJ 07860**

BOCCE BALL RULES

- 1. FORM TWO (2) TEAMS OF FOUR (4) PLAYERS**
- 2. ONE TEAM TOSSES THE "PALLINA" (LITTLE BALL) DOWN COURT**
- 3. TEAMS ALTERNATE TOSSING BOCCE BALLS, TRYING TO GET CLOSEST TO THE PALLINA OR TO KNOCK THE OPPONENTS' BALLS AWAY**
- 4. THE CLOSET'S TEAM SCORES POINTS FOR EACH BALL CLOSER THAN THE OPPOSING TEAM'S BALL**
- 5. THE FIRST TEAM TO SCORE 11 POINTS WINS**

Date of Registration: _____

***Please complete all spaces and print clearly*

Team Name: _____

Team Captain Name: _____ Phone: _____

Email: _____

Team Member 1: _____ Phone: _____

Email: _____

Team Member 2: _____ Phone: _____

Email: _____

Team Member 3: _____ Phone: _____

Email: _____

Bocce Ball Release & Waiver Liability: I hereby assume any and all risk, foreseen and unforeseen, including, the effect of the weather, the condition of the area, and the increased chance of injury due to activity of this nature with my participation in any Bocce Ball Game/Tournament at the Hampton Township Fall Festival.

I acknowledge, agree and represent that I understand the nature of bocce ball game/tournament, and that I am qualified in good health and proper physical condition and do not suffer from any heart, lung or other medical conditions or disease that might in any way hinder or prevent me from fully participating in any bocce ball activities. I further agree and warrant that if at any time, I believe conditions to be unsafe, I will immediately discontinue further participation in the activity.

I have read the Bocce Ball's official rules, terms and conditions, and agree to abide by them. I agree to abide by any decision of the game/tournament officials and all of the game/tournament rules. Knowing these facts, and by making this application to participate in the Bocce Ball Game/Tournament, contestant agrees, that should this application be granted, user will indemnify, hold harmless, and defend the District against any and all demands, claims, damages, fees, cost and liabilities of injuries, accidents, incidents, disease or virus, (including but not limited to attorney's fees) to the fullest extent permitted by law. At the discretion of the Township Administrator and or Township Committee, I agree to the Hold Harmless and Indemnity Agreement included in this paragraph. I realize that this is all in good fun, and I agree to be a good sport.

I hereby release, discharge and consent not to sue Hampton Township, their respective administrators, directors, agents, members, owners, officers, volunteers, and employees, other participants, and sponsors, advertisers, and the owners, lessors of the premises in which the Bocce Ball Tournament and activities take place (each considered as one of the "Releasees" herein) from all liabilities, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise including negligent rescue, operations, and further agree that if, despite this release and waiver of liability, assumption of risk and indemnify agreement, I, or anyone on my behalf, makes a claim against any of the Releasees. I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss, liabilities, damage, or cost which may incur as a result of such claim.

I have read this agreement, fully and completely understand that I am assuming any and all risks of possible injury as a result of taking part in the bocce ball game/tournament and that there is a risk of being injured by participating. I fully and voluntarily agree to assume this risk. By accepting the rules and terms of this waiver, I acknowledge that I have read the entire contents of this waiver, understood, and agree to be bound by its terms, I further acknowledge that I agree to the terms of this waiver voluntarily and that I am at least eighteen (18) years of age to play at the Hampton Township Fall Festival Bocce Ball Tournament.

Team Captain Signature: _____ Date: _____
Emergency Contact Name/Number: _____

Team Member 1 Signature: _____ Date: _____
Emergency Contact Name/Number: _____

Team Member 2 Signature: _____ Date: _____
Emergency Contact Name/Number: _____

Team Member 3 Signature: _____ Date: _____
Emergency Contact Name/Number: _____