

# **ANNUAL RAYMOND BIEGEL MEMORIAL TOURNAMENT**

*Medina County*  
**Special  
Olympics**  
*Ohio*



## **Special Olympics Athletes Instructions**

**Date of the event: Saturday May 13<sup>th</sup> 2023**

**Location of event: Medina County Achievement Center - 4691 Windfall Rd. Medina, OH 44256**

**All Athletes need to provide their own transportation to and from the park**

**All Special Olympics Athletes should be at the Center at 9:00 AM**

**Volleyball and Corn Hole games will start at 10:00 AM**

**The event should be over about 4:30 PM depending on how your team does**

**All players should be wearing proper athletic attire and have their tennis shoes.**

**Players that signed up early enough will be given a jersey to wear during the event that they can keep**

**All Players or their Guardians must sign a waiver in order to compete in the competition**

**Water will be provided for all the Special Olympics athletes at the event but they are responsible for their own food or other beverages. We will be selling concessions or they can supply their own**

**All the Special Olympics Athletes who sign up for Volleyball will have been drafted onto different volleyball teams in advance off the Tournament. There will be at least 2 Special Olympics Athletes will be on every team. We cannot guarantee which team you will be or which other Athletes you will be teamed up with. The reason for this is for everyone to have a chance to interact with the Special Olympic Athletes. This tournament is for you and we want you to be the focal point of the event.**

**All the Special Olympics Athletes who sign up for Corn Hole will be paired with a Partner prior to the Event prior to the Tournament. If you have someone you wish to play with please put their name on the signup sheet so we can make sure they can play with you. Otherwise we will select a Partner for you**

**This event is no cost to Special Olympics Athletes**

**Family & Friends are welcome to attend and watch the games, participate in the Auctions, Raffles, 50/50 Drawings, Enjoy Concessions, & enjoy the festivities**

**Any Questions Contact...**

**Bill Biegel  
330-421-4456**

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**\*\*\*Athlete Registration: Every athlete must turn this form in to register for this tournament. The waiver must be signed in order to participate:\*\*\***

**The following MUST be read and signed by every player:**

I, the undersigned player, acknowledge, agree and understand that: 1) I, voluntarily and of my own free will, elect to participate as a member of the Raymond Biegel Memorial Tournament. 2) I understand there are certain risks and hazards involved in playing in the Event that may result in injury or death to me or to other players including, but not limited to hazards associated with Covid Pandemic, weather conditions, playing conditions, equipment, and other participants. 3) I understand the very nature of the Event is hazardous and risky, including, but not limited to, the acts of running, jumping, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players. I, the undersigned player, agree that in consideration for the right to play as a member of the Tournament and in consideration for permission to play in the Raymond Biegel Tournament, 1) I voluntarily accept and assume all risks of injury incurred or suffered by me while practicing or playing as a member of the team so designated, while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and while on or upon the premises of any and all the fields arranged for practice or play. 2) I release, discharge, hold harmless, and agree not to sue Medina County Achievement Center, their employees or any of the Raymond Biegel Volleyball Tournament Committee Members or tournament volunteers or Special Olympics Ohio Medina County for any claim, damages, costs or cause of action which I have or may in the future have as a result of illness, injuries, or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

Each player and or Guardian **must read** the Player Waiver and Release of Liability Agreement of this form **before signing below**, in order to be eligible to play in the Raymond Biegel Tournament.

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**By signing below you acknowledge** that you have read and understand each of the provisions in the Player Waiver and Release of Liability Agreement, **and agree to the terms** outlined in said Agreement. You also attest that you are physically fit, not ill, if you have had Covid you had Quarantined for the proper amount of time, and sufficiently prepared to compete in the Raymond Biegel Tournament.  
**Please return this form to Amy Smith – Medina County Special Olympics Coordinator**

**Name (please print):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Contact with phone #:** \_\_\_\_\_

**Athlete or Parent/Guardian Signature:** \_\_\_\_\_

**Shirt Size:** \_\_\_\_\_

**Please Check which Event you wish to participate in**

Volleyball

Cornhole

Volunteer

**Corn Hole Partner Name:** \_\_\_\_\_ **Corn Hole Partner Phone# :** \_\_\_\_\_

**Note it is not necessary to have a Partner. If you don't have one, we will provide a Partner**