

We would like to thank our Sponsor, Tai Lai, for providing superior quality shuttlecocks for the tournament matches. Brochures will be available if you want to learn more about Tai Lai.



Location: Langton Hall Gym [LANG 300]. 2450 Jefferson Way, Corvallis, OR 97331

Schedule: 9:00 AM Registration
9:30 AM Introduction and group picture
10:00 AM Games begin

Events: Men's Double (MD), Women's Double (WD), Mixed Double (MxD),
Men's Single (MS), Women's Single (WS)

Prizes: Custom BOS medals, tubes of birdies, and discounts on future tournament entry fees are some of the prizes offered.

Format: Drop flight; number of flights depending on number of entries. See Conditions on next page for details.

Deadline: **Tuesday, November 3rd, 2009.** Registration by e-mail is accepted however, registration is NOT guaranteed until payment is received. *Entries received after deadline are accepted only if space is available.*

Entry Fees: \$10 per participant, regardless of number of events. Free for current BOS club members.

Waiver: Make sure to have a signed waiver (page 4) for each player.

Eligibility: Everyone is eligible to enter the Open tournament, regardless of age.

Contact: Jordan Baird – President
bairdj@onid.orst.edu
(971) 221-3511

Conditions: (Please read carefully)

1. The tournament will be conducted in accordance with applicable USAB rules.
2. Consolation draws will be held only if time permitted.
3. Two shuttlecocks per match will be provided free of charge (additional shuttlecocks for \$2 each).
4. Matches will be played using Rally Point Scoring in best 2 out of 3 games to 21 points.
Consolation matches may be played in best of one game only.
5. Any player not ready to play 5 minutes after his/her match is called will be defaulted.
6. On-court warm-up time is restricted to 2 minutes.
7. Prior known tournament results will be considered for seeding arrangement.
8. Each player in a doubles partnership must submit separate entry forms.
9. Entries will not be refunded if cancelled after November 5th.
10. Draws will be emailed on November 6th before 7pm.
11. Current BOS club members refer to those who have paid on membership dues.
12. The BOS officers reserve the right to change any of the above conditions as see fit.
13. All decisions made by the tournament organizer, BOS, are final.



OFFICIAL ENTRY FORM

(Please write legibly)

NAME: _____ AGE: _____ SEX: (Circle one) **M** **F**

E-MAIL: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

OSU Student: (Circle one) **Y** **N** OSU ID (if applicable): _____

1. Have you played in any BOS tournaments before (Y/N) ? _____

If Yes, when was the last time you played? _____

What was the result? (E.g. Quarter-final, B-Winner) _____

2. Please list the 3 most recent tournaments (other than the ones hosted by BOS) that you have participated in and the results of each tournament. 1. _____

2. _____

3. _____

(Circle the event & print partner's name or "find me one".)

Partner for Double:	MD	WD
Partner for Mixed Double:	MxD	
Comments:		

Number of waiver forms enclosed _____

Entry Fees (\$10 per participant, regardless of number of events) = \$ _____

Please make checks payable to OSU Badminton Club.

Mail entries to: Recreational Sports
 Oregon State University
 Attention: Badminton Club
 211 Dixon Recreational Center
 Corvallis, OR 97331-3301

PLEASE PRINT:

Group: OSU Badminton Club
 Event/ACTIVITY: Badminton Tournament Date(s): November 7th, 2009

List of Activities:
 Participant: (Name) _____ Age: _____ Sex: _____
 (Street Address) _____
 (City) _____ (State) _____ (Zip) _____
 (Home Phone) _____ (Alternate Phone) _____
 OSU Dept Name: Recreational Sports (Dept. Contact Info:) 541-737-4083
 (Employee Name:) Mitch Wilthbank (Employee Contact Info:) 541-737-3566

I am a (check one): OSU Student: () ID #: Visitor/Guest: ()

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

Read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. Sign and return this form to the above OSU Department or supervising employee. If you are under the age of 18, this form MUST be signed by you as the participant AND by your parent or legal guardian.

I, the undersigned, acknowledge that I have read the following and voluntarily agree to its terms and conditions to participate in the above listed event/activity (hereafter referred to as ACTIVITY)

I have full knowledge of the facts and circumstances surrounding the ACTIVITY described above and am voluntarily participating in this ACTIVITY, which may include actions and events that are risky and dangerous, including from which bodily injury, up to and including mortal injury, may occur. I have the physical capacity reasonably necessary to engage in ACTIVITY; however, in case of an emergency, accident or illness, I give permission to be treated by medical professionals if necessary and agree to be responsible for any expenses incurred as a result thereof.

I understand the Oregon Tort Claims Act (ORS 30.260 to 30.300) permits the State of Oregon, acting by and through the State Board of Higher Education, on behalf of Oregon State University, its officers, employees, and agents (hereafter referred to as UNIVERSITY) to accept responsibility only for the negligent acts of UNIVERSITY. UNIVERSITY is prohibited from accepting any liability for the acts, omissions and conduct of person participating in activities. I will indemnify and hold UNIVERSITY harmless with respect to any and all claims, injuries, and costs associated with participation in this ACTIVITY. I recognize and acknowledge that I am not an agent or employee of the UNIVERSITY, that I may not and will not represent myself as such, and that I cannot and will not bind or obligate the UNIVERSITY in any way.

I will assume all responsibility and risks associated with my participation, including all risk of property damage and injury to others and to myself, regardless if occurring before, during or after the period of the ACTIVITY. I agree to comply with all of the rules and conditions of participating in the ACTIVITY, including UNIVERSITY Rules and Regulations and applicable laws or rules where the ACTIVITY is occurring.

I am aware that if I provide a vehicle not owned and operated by UNIVERSITY for transportation to, at, or from the ACTIVITY, or if I am a passenger in such vehicle, UNIVERSITY is not responsible for any damage caused by or arising from such transportation. I understand that I will be expected to accept full responsibility and liability for myself and my passengers and that I have automobile liability insurance in accordance with Oregon Insurance Requirements or the state in which my vehicle is licensed.

By signing below, I hereby acknowledge that I have read this document in its entirety, understand it, and sign it voluntarily, that I am of legal age and that I agree to the terms and conditions listed above.

DATE _____ SIGNATURE _____

Participants who are not 18 years of age or older must sign above, and obtain the signature of a parent or legal guardian below:

I certify that I am the parent or legal guardian of the above-named participant in the ACTIVITY. On behalf of myself and co-guardian or any other person who claims the participant as a dependant, I have read the above agreement, I understand the contents of this Acknowledgement of Risk and Waiver of Liability, agree to all terms and conditions herein, and give my consent for participation by my dependent in the ACTIVITY, and to receive medical treatment determined to be necessary.

DATE _____ SIGNATURE _____