



72nd Annual Washington State Open Badminton Tournament

May 15th – 17th, 2009

Location: Bellevue Community College (Gymnasium, Building G), 3000 Landerholm Circle SE, NE Bellevue, WA 98007. (<http://bellevuecollege.edu/about/around/directions/main/>) (425) 564-1000

Schedule:

05/15/09 Friday	05:30 PM	Registration	
	06:00 PM	Open Mixed Doubles	
	07:30 PM	50+ Men's Singles and 50+ Women's Singles	
05/16/09 Saturday <u>(Times subject to change)</u>	07:30 AM	Registration	
	08:00 AM	Open Men's Singles	
	09:30 AM	50+ Men's Doubles and 50+ Women's Doubles	
	10:30 AM	Open Women's Singles	
	11:00 AM	35+ Men's Doubles	
	01:00 PM	50+ Mixed Doubles and 35+ Women's Doubles	
	02:00 PM	Open Men's Doubles	
	03:00 PM	Open Women's Doubles	
	08:15 PM	Saturday dinner (included with entry fee)	
05/17/09 Sunday	09:00 AM	35 Mixed Doubles and 35 Singles through finals.	
	09:00 AM	Open semifinals if necessary	
	11:00 AM	35 Men's/Women's Doubles if necessary	
	11:00 AM	All Finals	

Draw: Draw will be posted **Wednesday, 05/13/09** at <http://www.northwestbadminton.org> web site.

Timeliness: Please **register** 15 minutes before your first match. Warm-up limited to 3 minutes.

Format: Drop flight (A/B, A/B/C or A/B/C/D). All matches will use rally scoring to 21 points.

Deadline: Received by Saturday 05/02/09.

Fees: 1 event \$40; 2 events \$50, 3 events \$60; 4 events \$70. **\$10 surcharge for late payment.** No refund if canceled after 05/09/08. **Canadian players** may make payment in **at the door** without surcharge (**US currency only**).

Fees cover: **T-shirt**, medals, shuttlecocks and **Saturday dinner**.

Lodging: Hilton Bellevue (www.bellevuehilton.com), \$89 plus tax per night, for reservation, call 425-455-1300 and mention "badminton tournament"

Contact: **Clinton Chen** E-mail: clintonc111@hotmail.com Phone: (425) 765-7575

Entry Form: Additional entry form can be downloaded from <http://www.northwestbadminton.org>

Event	MS	WS	MD	WD	MXD	Doubles Partner	Mixed Partner
Open							
Vets (35+)							
Senior Vets (50+)							

Name: _____ Gender: **M / F** Phone: (_____) _____

Where do you play? _____ E-mail: _____

T-shirt Size (Circle one): **S M L XL** Number of event(s) (4 max): _____

Will you attend the Saturday dinner at No extra cost? **Y / N** Entry Fees: \$ _____

Guests welcome to Saturday dinner at \$12 per guest. # of guest(s) only: _____ X \$12: \$ _____

Total Amount: \$ _____

Amount Paid: \$ _____

Payment must be included with entry to avoid \$10 surcharge. MAKE CHECKS PAYABLE TO: WSBA
Mail entry, waiver form and payment to: Helen Roome, 4027 NE 113th St, Seattle, WA 98125

Waiver and Release of Liability

Note: This form must be read and signed before the participant is permitted to take part in event sessions. By signing this agreement, the participant affirms having read it.

In consideration of my involvement at the 2009 Washington State Open Badminton Tournament under the auspices of Washington State Badminton Association (WSBA), I acknowledge, appreciate, and agree that:

1. I risk bodily injury, including paralysis, dismemberment, disability, and death, and while particular rules of the sport, equipment, and discipline may reduce this risk, this risk of injury does exist, as well as the risk of damage to or loss of property.
2. I knowingly and freely assume all such risk; both known and unknown, even if arising from the negligence of the releases of others;
3. I willingly agree to comply with the state and customary terms and conditions for participation. If, however, I observe any unusual or unnecessary hazard during my presence or participation or if I observe any concern in my readiness for participation, I will immediately bring such to the attention of the nearest official and refrain from participation; and
- 3a. I, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, hold harmless and promise not to sue WSBA, the committee, their sponsors, their officers, volunteers, staff, sponsors and/or agents, ("releasees") with respect to any and all injury and loss arising from my participation, whether caused by the negligence of the releasees, the condition of the premises or otherwise, except that which is the result of gross negligence or wanton misconduct, to the fullest extent permitted by law.
4. I agree to be bound by the rules and regulations as determined by WSBA and I hereby stipulate that I am eligible to play in the events for which I am applying and that I understand that the above mentioned make no representation or warranty with respect to the condition of the premises or the operation of the event.
5. I hereby grant to WSBA, it's licensees and contractees including photographers, television and motion picture rights including to film or videotape me during matches, narratives, personal interviews, or comment thereon for any and all commercial, news or other purposes together with the right to transfer or grant their rights to others, all without remuneration or compensation to me whatsoever.

I have read this Release of Liability and Waiver Agreement, fully and understand the terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement. And I further acknowledge by their presence that I am aware that DRUG TESTING may occur at this event.

Participant's Signature

Participants Name (Printed)

Date of Signature

For Participants of Minority Age

This is to certify that I/We as parent(s)/ guardian(s) with legal responsibility for this participant, do consent and agree not only to his/her release, but also for myself, ourselves and my/our child involvement as stated above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

Parent(s)'s/ Guardian(s)'s Signature(s)

Date of Signature

Participants Name (Printed)