



# Region 2 8-BALL Qualifier

March 9-10, 2024

Hosted By: Golden Triangle #874

Golden Triangle Lodge 874 will be hosting the Region 2 8-Ball Qualifier Men’s Pool Event, March 9-10, 2024. It is required that all players be at the lodge on March 9 at 9:00 AM for the Player’s Meeting. The Round Robin Event will begin immediately following the Player’s Meeting, on Saturday March 9. Teams will play multiple round robin rounds on Saturday, to earn a spot in Division A or Division B and qualify for the Florida Moose Association State Pool Tournament. Start times will be announced at the Players Meeting.

**Entry Fees are \$36 per person (\$144.00 per team)**

Deadline for Entry Forms and Participation Fees is March 6, 2024

PLEASE PRINT CLEARLY

Lodge Name \_\_\_\_\_ Lodge # \_\_\_\_\_ Chapter # \_\_\_\_\_

Team Captain \_\_\_\_\_ Captain’s Phone Number \_\_\_\_\_

Team Order-Select only one option for Singles Tournament:

Player Name \_\_\_\_\_ Moose ID# \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Substitution may be aloud, at the discretion of the Sport Committee Coordinator. All participants must be willing and able to sign the Waiver and General Release Form and the Publicity Release Form when checking in for the tournament. All players must present a current active Lodge Membership Card, along with a picture ID at registration in order to participate.

**Send Fees and Registration to:**

**Golden Triangle Moose Lodge #874, Attn: Pool Committee, 1901 Titcomb Street, Eustis, Florida 32726**

**Lodge Validation:**

I verify that the above players are all active members of Lodge \_\_\_\_\_ # \_\_\_\_\_ and are in good standing

\_\_\_\_\_  
Administrator (Print)

\_\_\_\_\_  
Administrator (Signature)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



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## **WAIVER & GENERAL RELEASE**

I, the participant, understand, recognize, and acknowledge that there are certain risks of injury while participating in this Florida Moose Association Tournament on March 9-10, 2024 sponsored by Golden Triangle Moose Lodge # 874 and I agree to assume the full risk of any such injuries, damages, or loss, regardless of the severity, which may be sustained as a result of participating in this event.

I, the participant, my heirs, executors and assigns, do hereby fully and forever release and discharge the host lodge, Moose International, Inc., and Indiana corporation, the Florida Moose Association, and their agents, directors, officers, heirs, successors, and/or employees from and against any and all liability as a result of any injuries, illness, claims, actions, or causes of action arising out of, in connection with, or in any way associated with my participation in this event.

I agree to indemnify and hold harmless the host Lodge and Association listed above, Moose International, Inc., and Indiana corporation, and their agents, directors, officers, heirs, successors, and/or employees against any and all claims, actions, or lawsuits whether brought by myself, anyone acting on my behalf, or anyone else, for any and all injuries, illness, damages, claims, and causes of action arising out of, in connection with or in any way associated with my participation in this event.

I understand and acknowledge that the host Lodge and Association listed above, Moose International, Inc., an Indiana Corporation, and their agents, directors, officers, heirs, successors, and/or employees are not responsible for any injury or illness occurring from my participating in this event.

## **PUBLICITY RELEASE**

I also agree that Moose International, and the Florida Moose Association may use my name, photograph, and background information for publicity purposes and electronic media concerning this Florida Moose Association Tournament, and do indemnify them against any loss or liability incurred by such use.

I affirm that the statements set forth above are true and correct and that I have read the terms and conditions of the foregoing Waiver and Consent and understand them accordingly.

Dated this day of registration signature or submission.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
MID#

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date