

## **BOWLING** • DOUBLES SPONSORED BY THE IOWA BOWLING COUNCIL

EVENT: Three (3) game doubles competition.

11 & Under

55 & Over

18 & Under

55 & Over

Grandparent/Grandchild

1, 2024 and divide by 2. This determines the Division.

DIVISION DETERMINATION: Participants add up their ages as of January

AGE

12-18

19-34

35-54

19-54

Check the correct division.

CODE

BW140

BW141

BW142

BW143

BW144

BW150

BW145

BW146

BW147



MUTUAL

#### **ENTRY FEES**

Local \$25 bowling fees District \$25 per person, \$50 per team

CENTER QUALIFYING: January 8 - March 31, 2024 DISTRICT DATES: June 1/2 & 8/9, 2024 STATE FINALS: July 20-21, 2024 • Perfect Games, Ames

### COMPETITION FORMAT:

Participants will bowl 3 games using 100% handicap from 440 or no handicap if bowling in the scratch division. Use highest average as of qualifying minimum of 21 games. If you don't have above average then '22-23 final average, minimum 21 games. If none of the above then use assigned averages.

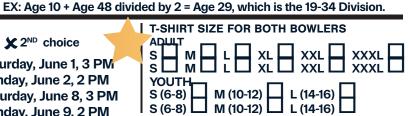
**RULES: Current USBC Rules** 

### AGE DETERMINING DATE: January 1, 2024

DISTRICT SITES (LISTED ON POSTER) Indicate the date and time you would like to bowl

SQUAD 1 • Saturday, June 1, 1 PM SQUAD 3 • Sunday, June 2, 12 PM SQUAD 5 • Saturday, June 8, 1 PM SQUAD 7 • Sunday, June 9, 12 PM

- √1<sup>st</sup> choice \$\$2<sup>ND</sup> choice SQUAD 2 • Saturday, June 1, 3 PM SQUAD 4 • Sunday, June 2, 2 PM
- SQUAD 6 Saturday, June 8, 3 PM SQUAD 8 • Sunday, June 9, 2 PM



DIVISION

Handicap

Handicap

Handicap

Handicap

Handicap

Handicap

Scratch

Scratch

Scratch

| BOWLER #1 (M  |           | ONTA    | CT) |     |     |    |      |       |     |     |      |     |      |      |     |      |      |     |     |     |               |   |      |      |     |   |   |  |  |  |
|---|-----------|---------|-----|-----|-----|----|------|-------|-----|-----|------|-----|------|------|-----|------|------|-----|-----|-----|---------------|---|------|------|-----|---|---|--|--|--|
| FIRST NAME  |           |         |     |     |     |    |      |       | ן   | .AS | ΓN   | AM  | Е    |      |     |      |      |     |     |     |               |   |      |      |     | ] |   |  |  |  |
| ADDRESS   | $\square$ |         |     |     |     |    |      |       | _   |     |      |     |      |      |     |      |      | Τ   | Τ   |     |               | Τ | Τ    | Τ    |     | - |   |  |  |  |
| СІТҮ  |           |         |     |     |     |    |      |       |     |     | Τ    | Τ   |      |      |     | STA  | TE [ |     |     | ZIP |               |   |      |      |     |   |   |  |  |  |
|   |           |         |     |     |     |    |      |       | Τ   |     |      |     |      | Τ    | Τ   |      |      | Τ   | Τ   | Τ   | Γ             |   | Τ    |      |     |   |   |  |  |  |
| PHONE #   |           | ]-[     |     |     | ]-[ |    |      |       |     | BIR | тн   | DAT | re [ |      | ]-[ |      | ]-   | ·   |     |     | AS (<br>1, 20 |   | Γ    |      |     |   | • |  |  |  |
| Current Average (Min. 21 Games) '22-23 Average if needed Assigned Average<br>Sanction # Name of Bowling Center & City where you bowl: |           |         |     |     |     |    |      |       |     |     |      |     |      |      |     |      |      |     |     |     |               |   |      |      |     |   |   |  |  |  |
| BOWLER #2   |           |         |     |     |     |    |      |       | -   |     |      |     | _    | <br> |     |      |      |     |     |     | <br>          |   |      |      |     | - |   |  |  |  |
| FIRST NAME  |           |         |     |     |     |    |      |       | ļL  | .AS | ΓN   | AM  | E    |      |     |      |      |     |     |     |               |   |      |      |     |   |   |  |  |  |
| ADDRESS   | $\Box$    |         |     |     |     |    |      |       | Ī   |     |      |     |      |      |     |      |      | Γ   | Τ   |     |               | Ι | Τ    | Τ    |     |   |   |  |  |  |
| СІТҮ  |           |         |     |     |     |    |      |       |     |     |      |     |      |      |     | STAT | Е    |     |     | ZIP |               |   |      |      |     |   |   |  |  |  |
|   |           |         |     |     |     |    |      |       |     |     |      |     |      |      |     |      |      |     |     |     |               |   |      |      |     |   |   |  |  |  |
| PHONE #   |           | [       |     |     | ]-[ |    |      |       |     | BIR | тн   | DAT | re [ |      | ]-[ |      | ]-   | ·   |     |     | AS (<br>1, 20 |   |      |      |     |   |   |  |  |  |
| Current Avera   | age (N    | 1in. 21 | Gam | es) |     | 12 | 22-2 | 23 Av | ver | age | if n | eed | ded  |      | As  | sign | ned  | Ave | rag |     | -             |   | icat | tior | n # |   |   |  |  |  |
| Name of Bow   | -         |         |     |     |     |    |      |       |     | -   |      |     |      |      |     | -    |      |     | -   |     |               |   |      |      |     |   |   |  |  |  |

FORMULA FOR HANDICAP 440 MINUS SUM OF AVERAGE FOR BOTH BOWLERS = \_\_\_\_\_ X 3 = \_\_\_\_ LEAGUE QUALIFYING SCORES CENTER ROLL-OFF SCORES

DISTRICT # \_\_\_\_

| BOWLERS NAMES                | GAME 1 G | AME 2 GA | МЕ З ТОТА | L | BOWLERS NAMES                | GAME 1 G | AME 2 GA | МЕ З ТОТА | L |
|------------------------------|----------|----------|-----------|---|------------------------------|----------|----------|-----------|---|
|                              |          |          |           |   |                              |          |          |           |   |
|                              |          |          |           |   |                              |          |          |           |   |
| TOTAL 3 GAME SERIES          |          |          |           |   | TOTAL 3 GAME SERIES          |          |          |           |   |
| Minus AVG added together X 3 |          |          |           |   | Minus AVG added together X 3 |          |          |           |   |
| Equals Pins Over/Under AVG   |          |          |           |   | Equals Pins Over/Under AVG   |          |          |           |   |
|                              |          |          |           |   |                              |          |          |           |   |

\_\_ DIVISION # \_\_

BOWLERS SIGNATURES:

FOR OFFICE USE ONLY

ENTRY # \_\_\_

# **RELEASE WAIVER**

Applicants under age 18 must have parent or guardian complete Parts "A" & "B", 18 and over complete Part "A" only.

PART "A" - WAIVER & RELEASE FROM LIABILITY

In consideration of being permitted to enter for any purpose any RESTRICTED AREA (herein defined as the areas to which admission by general public spectators is prohibited and in addition, consisting of the planned route, or any other area which the participant chooses to access by any mode of transportation), or being permitted to compete, officiate, observe, work for, or any purpose participate in any way in the event, EACH OF THE UNDERSIGNED for himself, his personal representatives, heirs, next of kin, acknowledges, agrees and represents that he has, or will immediately upon entering any of such restricted areas, and will continuously thereafter, inspect such restricted area or areas and all portion thereof which he enters and with which he comes in contact, and he does further warrant that his entry upon such restricted area or areas and his participation, if any, in the event constitutes an acknowledgement that he has inspected such restricted area and that he finds and accepts the same as being safe and reasonably suited for the purposes of his use, and he further agrees and warrants that if, at any time, he is in or about restricted areas and he feels anything to be unsafe, he will immediately advise the officials of such and will leave the restricted area(s):

- 1. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the lowa Sports Foundation, d/b/a lowa Games, its affiliated clubs, the National Sports and State Governing Bodies, lowa State University, the State of lowa, the City of Ames, Story County, the City of Boone, Boone County, and every other city, county municipality, or governmental entity in which an event or activity shall be located, their respective administrators, officers, directors, representatives, agents, coaches, the promoters, hosts, other participants, operators officials, any persons in a restricted area, sponsors, advertisers, owners and leasees of premises used to conduct the event and each of them, their officers and employees, all for the purposes herein referred to as "releases" from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any and all damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in or upon the restricted area, and/or competing, officiating in, observing, or working for, or for any purpose participating in the event;
- 2. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, costs they may incur due to the presence of the undersigned in or upon the restricted area or in any way competing, officiating, observing, or working for, or for any purpose participating in the event and whether caused by the negligence of the releasees or otherwise.
- HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence
  of releasees or otherwise while in or upon the restricted area and/or while competing, officiating, observing, or working for or for any purpose
  participating in the event.
- 4. EACH OF THE UNDERSIGNED expressly acknowledges and agrees that the activities at the event and in the restricted areas are dangerous and involve the risk of serious injury and/or property damage. EACH OF THE UNDERSIGNED further expressly agrees that the foregoing release, waiver, and indemnity agreement is intended to be as broad and inclusive as is permitted by the law of the Province or State in which the event is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
- 5. In the event that I sustain injury or illness while competing in the Iowa Sports Foundation, d/b/a Iowa Games, hereby authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by licenses medical personnel. I also give my permission for attending medical personnel to execute on my behalf my permission forms or other necessary medical documents and to act in my behalf if I am not immediately available to do so.
- 6. Hereby consent to allow my picture and/or voice or likeness to appear in any official documentary, promotional, exclusive television, radio or film coverage of the Iowa Sports Foundation, d/b/a Iowa Games in any manner incidental to my participation in the Iowa Sports Foundation, d/b/a Iowa Games and without compensation to me.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILTY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made. This waiver, release and indemnification agreement specifically embraces each and every event sanctioned, authorized or promoted by said releasees during the entire season, including, without limitation, local or regional qualifying events, where located, and applies to each and every event, or activity hereinabove mentioned, and has the same effect as if executed after each and every activity or event in which the undersigned participates so that the parties herein intended to be released and indemnified shall be fully and effectively released and indemnified as to each and every event hereinabove described.

| BOTH MEMBE                                    | RS MUST SIGN THIS RELEASE TO BE              | ELIGIBILE FOR PARTICPATION                   |                           |
|---|--|--|---------------------------|
| I have read this release:                     |  |  |                           |
| BOWLER #1                                     |  |  |                           |
| SIGNED  | WITNESS                                      | Date   |                           |
| BOWLER #2                                     |  |  |                           |
| SIGNED  | WITNESS                                      | Date   | _                         |
|   | B" – PARENT/GUARDIAN WAIVER – R              | ELEASE FROM LIABILTY                         |                           |
| (if applicant is under 18 y                   | rent(s) or guardian(s) must execute in ac    | Idition to the above, this following waiver) | ): The Undersigned,       |
| (list all parent(s) or guardian(s) names):    |  |  |                           |
| Referred to as the parent(s) and natural guar | dian(s) or legal guardian(s) of (list all bo | wlers, participating on this team, under 1   | 18 on this line):         |
|   | does the                                     | ereby represent that he/she is, in fact, ac  | ting in such capacity     |
| and agrees to save and hold harmless and ir   | demnify each and all of the parties here     | in referred to above as releasees from al    | ll liability, loss, cost, |
| claim or damage whatsoever may be impose      | d upon said releasees because of any d       | efect in or lack of such capacity to so ac   | t and release said        |
| releasees on behalf of both of the undersign  | ed.  |  |                           |
| PARENT OR GUARDIAN OF YOUTH MUS               | <b>I SIGN THIS RELEASE FOR HE/SHE T</b>      | O BE ELIGIBLE FOR PARTICIPATION              | have read                 |
| this release:                                 |  |  | <b>A</b>                  |
| Name(s)                                       | Rela   | tionship to minor                            |                           |

Name(s)

Relationship to minor