



## MASKAT SHRINE

### *Oil Bowl Football Classic*

5101 Henry S. Grace Freeway  
Wichita Falls TX 76302

Phone: 940-766-4511 FAX: 940-766-0960

Email: oilbowl@maskatshrine.com

December 16, 2016

Dear Oil Bowl Player

Everyone at Maskat Shrine is pleased that you have accepted the invitation to play in the 80th Oil Bowl Football Classic. We look forward to having you in Wichita Falls and will do everything we can to assure your time here will be a "once-in-a-lifetime" experience.

Included with this letter are: Oil Bowl Player General Information Sheet; player contract; player information sheet; two Midwestern State University (MSU) release forms; map of the area around MSU, and Credit Card Authorization Form. Once you complete the player contract, player information sheet, and appropriate MSU release form (either for adult or minor), please return them to us as soon as possible. Make sure you print the information so that it is legible and fill in **all** the blanks. We especially need your contact information (phone number, email, and mailing address). If you do not have a personal email, include at which you can receive information (i.e., parents, guardian). Return completed forms to:

Maskat Shrine Oil Bowl  
5101 Henry S. Grace Freeway  
Wichita Falls TX 76302-4202

FAX: 940-766-0960  
EMAIL: oilbowl@maskatshrine.com

We want to be able to offer your hometown fans the opportunity to see you play again. We also want to support you in this undertaking; therefore, if any of us at Maskat Shrine can assist you in any way, do not hesitate to call on us. The "2017 Oil Bowl Player General Information" sheet included with this package contains contact information and information related to submitting the required forms to Maskat Shrine along with payment of the fees.

Yours Truly

YOSHI FUKASAWA, Chairman

Enclosures:

1. Player General Information Sheet
2. Player Contract (complete and return)
3. Player Information Sheet (complete and return)
4. MSU Release Form-Minor (under 18 yrs old complete and return)
5. MSU Release Form-Adult (18 yrs or older complete and return)
6. Map of MSU
7. Credit Card Authorization Form

## 2017 OIL BOWL PLAYER GENERAL INFORMATION

This will be the 80th game and is one of the oldest All-Star Football Games in the country. The following is information that both you and your family may need. If at any time, you or your family have any questions regarding the Oil Bowl, please contact the following:

Yoshi Fukasawa, Oil Bowl Chairman  
Phone: 940-224-7873  
Email: oilbowl@maskatshrine.com

Donna Hyde, Maskat Shrine Administrative Assistant  
Phone: 940-766-4511  
FAX: 940-766-0960  
Email: oilbowl@maskatshrine.com

### **Items to bring:**

1. ALL YOUR PRACTICE FOOTBALL GEAR including any special pads. One pair of white practice pants. You will be issued a game jersey and pants. **The pants will be turned in at the end of the game.**
2. Toiletry articles.
3. Portable TV and video games.
4. Spending money.
5. Bring any special pillows or blankets that you wish; however, ALL linens, etc., are furnished by Pierce (or Killingsworth) Hall (940-397-7510). You will pick-up your linens when you check-in.

### **Oil Bowl Memorabilia:**

**Game Video:** If the game is recorded, you can purchase the game video for \$40.00. An order form (PDF file) is available on the HOME page of our web site ([www.oilbowl.com](http://www.oilbowl.com)) for your use to order the video. Forms will also be at the Football Game. The video will be mailed to you several weeks after the game.

**Oil Bowl Pictures:** You will be able to order team and/or individual pictures in several sizes (information on the website).

**Oil Bowl Ring:** A ring can be purchased for \$200. A PDF form is available on our website or forms will be available at the Football Game.

**Oil Bowl Caps and T-Shirts:** These items will be available for sale at the game.

### **Miscellaneous Information**

1. All meals are provided.
2. Your eligibility is in no way affected by your participation in the Oil Bowl.
3. Player fee (\$100) and refundable deposit for MSU dorm key (\$50) for a total of \$150 is due when you send your paperwork to Maskat. Make checks payable to **Maskat Shriners** and mail with your paperwork to Maskat (address above). If you would like to pay by credit card, use the Oil Bowl Credit Card Authorization form included in the paperwork package. ***Be sure to include a copy of the front of the credit card and the driver's license of the card holder.*** If using a credit card, you may fax all your paperwork to 940-766-0960. If you do not have access to a FAX, mail the credit form to Maskat with all your paperwork.

For additional information, visit the Oil Bowl website at [www.oilbowl.com](http://www.oilbowl.com).

**2017 OIL BOWL PLAYER CONTRACT (Deadline April 1)**

Player's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(print name clearly)

High School: \_\_\_\_\_ City: \_\_\_\_\_

Player's Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Player's Phone: \_\_\_\_\_ Player's E-mail: \_\_\_\_\_

I, the above-named player, agree to participate in the 80th Annual Oil Bowl Charity Football Game which will be played Saturday, June 10, 2017, at Memorial Stadium in Wichita Falls, Texas, at 7:30 p.m. I also agree to pay \$100 player participation fee and \$50 MSU room key deposit to be returned at player checkout. I will contact the Oil Bowl Chairman or Donna Hyde at Maskat Shrine immediately if anything prohibits me from playing.

I will check into the assigned dormitory (Pierce or Killingsworth Hall) on Wednesday, June 7, and confirm my arrival. I agree to bring my own practice shoes, game shoes, helmet, shoulder pads, practice jersey, shorts, practice pants, socks, jock, t-shirts, mouthpiece, plus knee/thigh/hip pads and any other pads I may need. I also agree to bring all needed personal articles such as shampoo, toothpaste, toothbrush, etc., as well as spending money.

I enter this game of my own volition and agree to hold the sponsors thereof NOT LIABLE for anything that may happen to me while practicing for, or playing in, the Oil Bowl. I understand that insurance is carried to protect me in case I am injured while practicing for, or playing in, the game. I also understand that my eligibility for further participation in college football will not be affected. I will contact the Oil Bowl Chairman or Donna Hyde at Maskat Shrine immediately if anything prohibits me from playing.

**NO JEWELRY, HEADBANDS, OR BANDANNAS WILL BE WORN DURING THE GAME!**

If the player is **under 18 years of age**, this contract must be signed by his parent or guardian.

Please check here if you are already 18 years old.

\_\_\_\_\_  
Player's Signature

\_\_\_\_\_  
Parent's/Guardian's Signature

Parent's/Guardian's Phone: \_\_\_\_\_

**Send this contract (by mail, FAX or Email) to:**

Maskat Shrine Oil Bowl  
5101 Henry S. Grace Freeway  
Wichita Falls TX 76302-4202

FAX: 940-766-0960  
Email: oilbowl@maskatshrine.com

If you have any questions, please call Oil Bowl Chairman Yoshi Fukasawa (940-224-7873) or contact the Maskat Shrine Office (940-766-4511).



**RELEASE AND INDEMNIFICATION AGREEMENT FOR MINORS**

**PARTICIPANT:** (Name and Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSTITUTION:**

Midwestern State University  
3410 Taft Boulevard  
Wichita Falls, Texas 76308-2099

**DESCRIPTION OF ACTIVITY OR TRIP:**

\_\_\_\_\_  
\_\_\_\_\_

**LOCATION:** Midwestern State University      **DATES:** \_\_\_\_\_

I am the Parent/Guardian of the above-named Participant who is under eighteen (18) years of age and am fully competent to sign this Agreement. I give permission for Participant to participate in the above-referenced Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose Participant to hazards or risks that may result in Participant’s illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of Participant being permitted to participate in the Activity or Trip, I hereby accept all risk to Participant’s health and of his/her injury or death that may result from such participation.

**I hereby release the above named Institution, its governing board, officers, employees and representatives from any and all liability to Participant, Participant’s personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant’s property and for any and all illness or injury to Participant’s person, including his/her death, that may result from or occur during Participant’s participation in the Activity or Trip, WHETHER CAUSED BY NEGLIGENCE OF THE INSTITUTION, ITS GOVERNING BOARD, OFFICERS, EMPLOYEES, OR REPRESENTATIVES, OR OTHERWISE.**

I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant’s negligent or intentional act or omission while participating in the described Activity or Trip.

**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address (if different from Participant’s)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

MSU OGC/blm: form approved 10/10/2012

**RELEASE AND INDEMNIFICATION AGREEMENT  
FOR ADULTS**

**PARTICIPANT:** (Name and Address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INSTITUTION:**

Midwestern State University  
3410 Taft Boulevard  
Wichita Falls, Texas 76308-2099

**DESCRIPTION OF ACTIVITY OR TRIP:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**DATE(S):** \_\_\_\_\_

I, the above named participant, am eighteen years of age or older and have voluntarily applied to participate in the above Activity or Trip. I acknowledge that the nature of the Activity or Trip may expose me to hazards or risks that may result in my illness, personal injury or death and I understand and appreciate the nature of such hazards and risks.

In consideration of my participation in the Activity or Trip, I hereby accept all risk to my health and of my injury or death that may result from such participation and I hereby release the above named Institution, its governing board, officers, employees and representatives from any and all liability to me, my personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to my property and for any and all illness or injury to my person, including my death, that may result from or occur during my participation in the Activity or Trip, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in the described Activity or Trip.

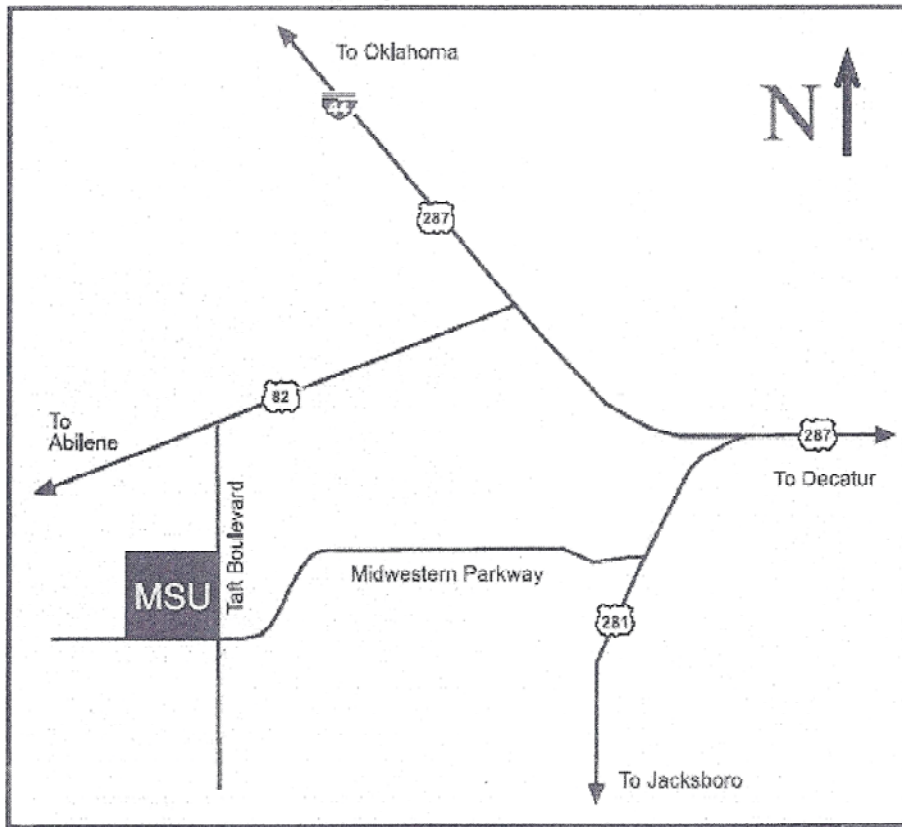
**I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR MY INJURY OR DEATH OR DAMAGE TO MY PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY MY NEGLIGENT OR INTENTIONAL ACT OR OMISSION.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



MIDWESTERN STATE UNIVERSITY  
Wichita Falls, Texas

## OIL BOWL CREDIT CARD AUTHORIZATION FORM

To use a credit card to pay for the Oil Bowl Participation Fee and MSU Room Key Deposit, fill in the information below. **Attach a copy of the front side of the credit card and the driver's license of the card holder.**

NAME OF CARDHOLDER (please print): \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

CARD EXPIRATION DATE (MM-YYYY) \_\_\_\_\_

3-DIGIT CODE ON REVERSE OF CARD: \_\_\_\_\_

AMOUNT AUTHORIZED: \_\_\_\_\_ \$

BILLING STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_