



## Pi Beta Phi's Arrow Spike

***To whom it may concern,***

The women of the Mississippi Alpha chapter of Pi Beta Phi Women's Fraternity would like to formally invite you to our fourth annual volleyball tournament, Arrow Spike. Proceeds from Arrow Spike will go towards the Pi Beta Phi Foundation which supports multiple efforts such as our philanthropy Read > Lead > Achieve, First Book, and the Literacy Advocacy Project.

Additionally, each organization is invited to participate in our book drive to be donated to local entities in need. When your chapter donates books, we will send you a note informing you of where they went. The book donation is optional, but highly encouraged and appreciated. Last year, with your help, we collected over 900 books and with them, started the Dubard School for Language Disorders library in their new location on the Gulf Park campus. We hope you join us in support for literacy for kids all over North America!

**When:** Friday, February 27th, 2026

**Where:** Payne Center Basketball Courts

**Time:** 12:00 pm - 4:00 pm

**Checks:** Make payable to Pi Beta Phi MS Alpha, please write Arrow Spike in the memo

**Contact Information:** Isabel Isgar, VP Community Relations, [isabel.isgar@usm.edu](mailto:isabel.isgar@usm.edu), (228)609-0103 ; Addie Nunez, Director Service and Philanthropy, [addison.nunez@usm.edu](mailto:addison.nunez@usm.edu), (985)635-9821

***Registration:***

- The registration fee to participate in Arrow Spike is \$50 per team, with one team per organization. Each team will be made up of 6 players and have the option of having two alternates.
- Pre-registration forms and money for your team(s) will be due **Saturday, February 21st, 2026**. Please turn them into the **Pi Beta Phi box in the Fraternity and Sorority Life office**. If you feel your chapter will not be able to turn in money by this time please reach out to Isabel Isgar or Addie Nunez.
- Pre-registration paperwork includes the **Team Registration form, and Participant Waiver/ Release forms for each participant**, which are included in this packet. Please turn in all forms along with the registration fee together to the Pi Beta Phi box.

***Volleyball Tournament:***

- Each team from a participation organization will form a team of six players (and optional two alternates) to compete in the volleyball tournament.
- The outcome of the Arrow Spike tournament will name a first and second winner from both the fraternity division and the sorority division.
- The duration of each game will be according to the following outlines. The first team to win 2 out of 3 sets will be declared the winner. The first 2 sets will be played to 25 points and the teams must win by 2 points. Scoring in the first two sets will be capped at 30 points. If necessary, a third set will be played to 15 points and the team must win by 2 points. A point cap of 20 will be used on the third set. There is a bracket, single elimination system for this tournament.
- For any inquiries about Campus Recreation policies please see the information at <https://www.usm.edu/campus-recreation/policies.php>.

***Children's Book Drive:***

- Children's Book drive donations are due Thursday, February 26th by 5:00pm at the Pi Beta Phi house.
- The organization that donates the highest number of individual books will receive the Admirable Angel award for their generosity and donation.

**Thank you for supporting us!**

## **Arrow Spike Team Registration Form**

Team Name (Organization): \_\_\_\_\_

Number of Members Participating: \_\_\_\_\_

Names of Players:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

Name of Primary Contact: \_\_\_\_\_

Phone Number of Primary Contact: \_\_\_\_\_

Email Address of Primary Contact: \_\_\_\_\_

## Participant Waiver/Release

I, \_\_\_\_\_ ("Participant") acknowledge that I have voluntarily applied to participate in Pi Beta Phi's Arrow Spike taking place on Saturday, February 27th, 2026 at the Payne Center. I certify that I have not been advised to *not* participate in this or any other similar activity by a qualified medical professional. I further acknowledge and agree to, on my own behalf, and on behalf of my personal representatives, heirs, assigns, executors, administrators and next of kin, as follows.

I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND THAT I COULD BE SERIOUSLY INJURED OR EVEN KILLED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN. Risks include, but are not limited to those caused by terrain, facilities, temperature, weather, equipment, vehicular traffic, lack of hydration and actions of other people, including but not limited to participants, volunteers, monitors and/or producers of the activity.

Upon entering the premises and facilities of Pi Beta Phi's Arrow Spike, I will inspect the same and my observation and use of said premises and facilities shall constitute an acknowledgement that I find and accept them to be safe and reasonably suited for their intended purpose.

**I hereby release Pi Beta Phi and its officers, members, advisors, volunteers, employees and Governing Board [and any lessor of the facility premises, if applicable] from and against any and all liability for any loss, damage, injury, expense, demand or cause of action that I may suffer whether with respect to personal injury, death, damage to or destruction of personal property, theft or otherwise, which may arise as a result of my presence in, upon or about the premises and as a consequence of my participation in this event or use of the facilities and equipment.**

I acknowledge that Pi Beta Phi is NOT responsible for errors, omissions, acts or failures of any party or entity conducting a specific activity on their behalf.

I understand that while participating in the activity, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors and assigns.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT ON MY OWN FREE WILL<sup>vi</sup>.

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Participant's Signature

Date

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Participant's Name

Age