

OFFICIAL LEAGUE WAIVER/ ROSTER

VOLLEYBALL



NIGHT _____
PAID _____
NOT PAID \$ _____
RULES SIGNED
Y N

The undersigned are at least twenty-one (21) years old or of legal drinking age and understand that they may be injured while playing volleyball. Each signing individual understands and agrees to the following:

I hereby waive all claims for the damage or loss to my person or property, and release all liability, claims, demands, and costs, incident to any damage or personal injuries that I now have or may have in the future, known or unknown, while participating in the volleyball league.

I am of sound physical condition and am capable of participating in strenuous activities without undue risks.

Any child to accompany a parent or legal guardian must be fully supervised by that parent or legal guardian.

I have read and understand this waiver and release completely, and voluntarily sign to the aforementioned conditions and stipulations.

TEAM NAME _____ TEAM CAPTAIN _____

ADDRESS - CITY - STATE - ZIP _____

HOME # _____ MOBILE # _____

WORK # _____ E-MAIL _____

PLAYER (please print):	SIGNATURE:	DATE:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____