

**SPIKEFEST WAIVER/ RELEASE OF LIABILITY
AND
OFFICIAL TEAM ROSTER**

Team Name: _____ **City:** _____ **State:** _____

PLEASE READ BEFORE SIGNING!

In consideration of being allowed to participate in any way in the Spikefest tournaments, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in the program is real and can be considerable, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume all full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I am the parent or legal guardian of the Event participant. I am of legal age and am freely signing this agreement on behalf of the Event participant. I have read this form and understand that by signing this form, I am giving up legal rights and remedies on behalf of myself, the Event participant and his/her family, estate, heirs, and/or assigns." I HEREBY RELEASE AND HOLD HARMLESS Spikefest, their officers, members, owners, licensees, officials, contractors, agents and/ or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

**Players may sign if over the age of 18.

Players Full Name PRINTED	Address w/City and Zip	Signature of Player/Parent/Guardian **
1		I have read and I understand
2		I have read and I understand
3		I have read and I understand
4		I have read and I understand
5		I have read and I understand
6		I have read and I understand

TEAM CONTACT/COACH'S NAME: _____ ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____ HOME PH: _____ <<MUST Have Cell PH: _____ WORK PH: _____

TEAM CONTACTS/COACH'S VERIFICATION: This is to certify that this roster does not include any assumed names and that each player conforms to eligibility rule governing Spikefest Volleyball

SIGNATURE DATE E-MAIL

OFFICE USE ONLY RECEIVED BY: _____ DATE/TIME

skruizinga 3/12/08 6:12 PM
Deleted:
skruizinga 3/12/08 6:11 PM
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