

# 2019 Adult Waiver/Release

## AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

-- READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Slam Recreational Volleyball League athletic sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1) The risk of injury from the activities involved in this program is significant, including the potential

for permanent paralysis and death, and while particular rules, equipment, and personal discipline may

reduce this 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 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, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY

RELEASE AND HOLD HARMLESS Slam Recreational Volleyball League their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), 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.

X \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

(Participant's Signature) Date Signed

REGISTRATION INFO: NAME: \_\_\_\_\_ TEAM #: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

T-Shirt Size: (Circle one) S M L XL XXL

Payment type (Circle one) Check \* Cash

(\*Checks should be made out to your Team Captain with "Slam 2019" in the memo.)