



Attach copy of League Waiver & Release of Liability form for each team.

**2005-2006 SEASON LEAGUE FORM**

**USA VOLLEYBALL**

**WAIVER AND RELEASE OF LIABILITY**

(for participants under 18 years, use official Individual Membership Form)

**Note:** This form must be read and signed before the League RVA Volleyball Members listed below are allowed to take part in any competition or practice/warm up sessions.

I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and that my participation in a volleyball event can cause the potential for death, serious injury, or property damage. **With a full understanding of the potential risks, I HEREBY ASSUME ALL THE RISKS OF PARTICIPATING OR OFFICIATING IN A VOLLEYBALL EVENT.**

I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) **I WAIVE, RELEASE, AND DISCHARGE** from any and all claims or liabilities for death or personal injury or damages of any kind, **EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE AND/OR WANTON MISCONDUCT OF PERSONS OR ENTITIES LISTED BELOW**, which arise out of or relate to my travel to and from or participation in any volleyball event, **THE FOLLOWING PERSONS OR ENTITIES:** USA Volleyball and its Regional Volleyball Associations, tournament directors, sponsors, and the officers, directors, employees, representatives and agents of any of the above; b) **I AGREE NOT TO SUE** any of the persons or entities listed above for any of the claims or liabilities that I have waived, released or discharged herein; and c) **I INDEMNIFY AND HOLD HARMLESS** the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

**BY SIGNING THIS FORM, I AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND AND AGREE TO ABIDE BY ITS CONTENTS.**

Team Name \_\_\_\_\_ League \_\_\_\_\_

Team Rep \_\_\_\_\_ Phone \_\_\_\_\_

Participant Name (PRINTED)	Signature	Birthdate mm/dd/yy	Address (Street, City, Zip)
1			
2			
3			
4			
5			
6			
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8			
9			
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**USA VOLLEYBALL PARTICIPANT CODE OF CONDUCT MAY ALSO BE REQUIRED**