



RELEASE OF LIABILITY AND INDEMNIFICATION WEST HAVEN PARKS & RECREATION CO-ED BEACH VOLLEYBALL TOURNAMENT

As a participant/player at least 16 years of age on a team in the City of West Haven Parks & Recreation CO-ED Beach Volleyball Tournament acknowledge, agree and understand the following:

- 1) Voluntarily and of my own free will, I elect to participate in the sport of volleyball. I understand that there are certain risks and hazards involved in participating in volleyball that may result in serious injury or death to me or other players, including but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants.
- 2) I understand that the very nature of the game of volleyball is hazardous and risky, including but limited to, diving, jumping, and collisions with other players and stationary objects, all of which can cause serious injury or death to me and/or other players.

Further, I agree that in consideration for the right to play as a member of the team on the courts arranged by the City of West Haven Parks & Recreation Dept:

- 1) I voluntarily elect to accept and assume all risks of injury incurred by me...
 - a. While playing as a member of the team so designated.
 - b. While serving in a non-playing capacity as a team member during practice or play by other teams or by the players on my team.
 - c. While on or upon a premises of any court arranged for by the tournament event officials for practice or play.

I release, discharge and agree not to sue the team, Savin Rock Festival, City of West Haven, West Haven Parks & Recreation Dept., it's agents, employees, or event volunteers for any claim, damages, costs, or cause of action which I have or may have in the future as a result of injuries or damages sustained or incurred by me during the tournament.

I also acknowledge that the City of West Haven provides no medical insurance coverage for any accident that may be incidental to my membership in the West Haven Parks and Recreation COED Beach Volleyball TOURNAMENT.

By signing the reverse side of the West Haven Park and Recreation COED Beach Volleyball Tournament roster- I agree to fully comply with all provisions, policy and rules set forth by the COED Beach Volleyball Tournament, the City of West Haven Parks and Recreation Dept. and the Savin Rock Festival.



West Haven Centennial Co-Ed Beach Volleyball Tournament Roster

Manager's Name: _____ E-Mail: _____

Address: _____ Cell #: _____ Work #: _____

Rate your team's level of play: _____ Advance _____ Novice _____ Team Name: _____

I acknowledge that I have read each and every one of the provisions printed on the back of this page named "Release of Liability and Indemnification Form" and agree to abide by them.

Shirt Size	Player's Name	DOB	Cell #	Emergency contact name & phone #	Signature <small>*If under 18yrs. parent or guardian signature REQUIRED*</small>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

**** CHECKS PAYABLE TO: City of West Haven-Centennial Account**
 Fee: \$100 (CA) _____ (CK#) _____ Date Received: _____