



## Fayette Summer Sand Volleyball League

### Registration/Liability Waiver

(Please Print)

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone #: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### WAIVER & RELEASE OF LIABILITY

I, the undersigned, know that the before listed event is a potentially hazardous activity and I attend it out of my own free will and choice. In choosing to participate in the Fayette Summer Sand Volleyball League and any related activities, I fully accept and assume all risks whether before, during or after this league and its related events. I waive any and all specific notice of the existence of the risks. I shall assume and pay my own medical and emergency expenses in the event of injury, illness, death, or other incapacity regardless of whether I authorized such expenses.

I realize that sand volleyball requires physical conditioning and I represent that I am in sound medical condition capable of participating in the league without risks to myself or others. I have no medical impediment, which would endanger others or myself.

Knowing these facts and in consideration of my entry acceptance, admission to and/or participation in the Fayette Summer Sand Volleyball League and its related events, I for myself and anyone acting on my behalf, release, waive, discharge, covenant not to sue and agree to hold the City of Fayette, City of Fayette Recreation, participating clubs, communities, organizations, emergency and support personnel, volunteers, and their representatives harmless from any and all claims, demands and actions of any and every kind. I have, may have or may hereafter accrue against the released parties directly or indirectly arising out of or relating in any respect to my attending or participating in the Fayette Summer Sand Volleyball League and its related events.

**I HAVE READ THIS AGREEMENT, WAIVER AND RELEASE OF LIABILITY, AND AGREE TO ACCEPT ITS TERMS.**

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE SIGNED

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT

\_\_\_\_\_  
SIGNATURE OF PARENT (If applicant is under 18)

\_\_\_\_\_  
PRINTED NAME OF PARENT (If applicant is under 18)