



## 4v4 Grass Volleyball League – Co-Ed Summer 2014

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

Team Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

\$25/Team Registration Fee.

### Team Members:

Signature acknowledges that you have read and understand TRVCC waiver below.

Name	Signature	DOB	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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**ACKNOWLEDGEMENT, RELEASE AND WAIVER:** I acknowledge that there are risks, including the possibility of serious bodily injury, connected with the use of the facilities, equipment and activities at the Tongue River Valley Community Center, including participation in any and all Group Fitness classes. I understand that the risk of injury cannot be completely eliminated even by taking the utmost care. I unconditionally release, hold harmless and indemnify Tongue River Valley Community Center, its directors, employees, representatives, the owner of the building premises, and all other persons from all claims of any kind, in law or in equity, included but not limited to death, bodily injury or property damage, related to or resulting from any activity engaged in by me at the Community Center, whether foreseeable or not, including those resulting from negligence or fault, theft, activities of other persons or otherwise. I have not been pressured in any way to participate in any activities I undertake and do so voluntarily. I have informed myself of the contents of the Acknowledgement, Release & Waiver by carefully reading it, and I sign this release voluntarily.