

# VOLLEYBALL PLAYER WAIVER AND RELEASE

I, the undersigned player, acknowledge, agree and understand that:

1. Voluntarily and of my own free will, I elect to participate as a member of the volleyball team and league indicated below.
2. I understand that there are certain risks and hazards involved in participating in volleyball that may result in 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.
3. I understand that the very nature of the game of volleyball is hazardous and risky, including, but not limited to, running, jumping, stretching, sliding, diving, spiking the ball, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and other players.

Further, I, the undersigned player, agree that in consideration for the right to play as a member of the team designated below and in consideration for permission to play on the courts arranged for by the team or league:

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or 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 other players on my team, and (c) while on or upon the premises of any and all of the courts arranged for by my team or league for practice or play.
2. I release, discharge and agree not to sue the team and league designated below, The City of Stevens Point, or any court on which volleyball is practiced or played by my team or any person or entity connected with the team, league, City of Stevens Point for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me.

I, the undersigned player, acknowledge that I have read and I understand each and every one of the provisions in this waiver and release form and agree to abide by them.

\_\_\_\_\_  
SIGNATURE OF PLAYER (PARENT OR GUARDIAN IF UNDER 18)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FULL NAME OF PLAYER - PLEASE PRINT

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
NAME OF TEAM

\_\_\_\_\_  
STEVENS POINT SOFTBALL ASSOCIATION, INC.  
NAME OF LEAGUE

PLEASE LIST ANY PHYSICAL LIMITATION: \_\_\_\_\_  
\_\_\_\_\_