

**COLORADO SENIOR VOLLEYBALL ASSOCIATION (CSVA)
SUB LIST WAIVER AND RELEASE OF LIABILITY FORM**

Updated 12-04-2022

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 potential death, serious injury, or property damage. With a full understanding of the potential risks, I HEREBY ASSUME 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 contracture of or exposure to airborne illnesses and infectious diseases, death or personal injury, or 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 traveling to and from or my participation in any volleyball event, THE FOLLOWING PERSONS OR ENTITIES: Colorado Senior Volleyball Association, the facilities where its events are conducted, its tournament directors, officials, 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.

In consideration of the rights and privileges granted to me by my involvement with the COLORADO SENIOR VOLLEYBALL ASSOCIATION (CSVA), I certify that

1. I have read and understand the above Waiver and Release of Liability;
2. I have read, understand, and agree to abide by the Policies and Guidelines for Senior Volleyball as outlined in the current CSVA Handbook;
3. I understand that I have given up substantial rights by signing this document, and hereby acknowledge that I am signing voluntarily.
4. This form must be read and signed by each participant prior to taking part in any CSVA training, practices, or competition.
5. This form must be returned to: Martha Mustard, preferably by email (CSVAMustard@gmail.com). It can also be mailed to her at 1015 Xenophon Street, Golden, CO 80401.

<u>PRINT NAME OF CSVA SUB LIST PLAYER</u> (Please use pen)	<u>SUB'S SIGNATURE</u>	<u>DATE SIGNED</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____

**COLORADO SENIOR VOLLEYBALL ASSOCIATION (CSVA)
SUB LIST WAIVER AND RELEASE OF LIABILITY FORM (Continued)**

Updated 12-04-2022

<u>PRINT NAME OF PARTICIPANT</u> (Please use pen)	<u>PARTICIPANT'S SIGNATURE</u>	<u>DATE SIGNED</u>
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____
21. _____	_____	_____
22. _____	_____	_____
23. _____	_____	_____
24. _____	_____	_____
25. _____	_____	_____
26. _____	_____	_____
27. _____	_____	_____
28. _____	_____	_____
29. _____	_____	_____
30. _____	_____	_____
31. _____	_____	_____
32. _____	_____	_____
33. _____	_____	_____
34. _____	_____	_____
35. _____	_____	_____
36. _____	_____	_____
37. _____	_____	_____
38. _____	_____	_____
39. _____	_____	_____