

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

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 CSVA 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 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: Daniel Burk, 3790 S Willow St, Denver CO 80237 to be attached to the team roster. (It can also be emailed to djburk@comcast.net as an attachment).

NAME OF TEAM _____ **CIRCLE DIVISION:** 1 2 3 4 5 6 7 8

NAME OF TEAM REP _____ PHONE (____) _____

TEAM REP'S ADDRESS _____ EMAIL _____

CITY/STATE/ZIP _____

PRINT NAME OF PARTICIPANT

(Please use pen)

PARTICIPANT'S SIGNATURE

DATE SIGNED

EMERGENCY CONTACT

EMERGENCY CONTACT PHONE

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

<u>PRINT NAME OF PARTICIPANT</u> (Please use pen)	<u>PARTICIPANT'S SIGNATURE</u>	<u>DATE SIGNED</u>	<u>EMERGENCY CONTACT</u>	<u>EMERGENCY CONTACT PHONE</u>
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