COLUMBIA VOLLEYBALL CLUB
WAIVER AND RELEASE OF LIABILITY

This form must be read and signed before any tournament participants are allowed to take part in any competition.

By signing this form, each participant affirms having read it.

In consideration of my involvement under the auspices of the sponsoring organizations, I acknowledge and agree that:

1. I risk bodily injury, including paralysis, dismemberment, and death, as well as loss of or damage to property;
2. I knowingly and freely assume all such risk; and
3. I, for myself, and on behalf of my heirs, assigns and next of kin, hereby release, hold harmless and promise not to sue the Columbia Volleyball Club, Lexington County, tournament sponsors, facility owners or their officers, official agents and/or employees, with respect to any and all such injury, paralysis, dismemberment, death or damage to property except for that which is the result of gross negligence and/or willful or wanton misconduct.

I have read the above waiver and release, understand that I have given up substantial rights by signing it, and sign it voluntarily.

Team Name:_____

Division *(check)*:

❑Men ❑Women ❑Coed

Level *(check)*:

❑AA ❑A ❑BB ❑B ❑Jr

Please **DO NOT MAIL**
BRING to CHECK-IN

1. Participant Name:_____

   Home Address:_____

   City: _____ State: _____ Zip: _____

   Phone: ❑Home or ❑Cell (_____)_____ E-mail: _____

   Signature:_____ Date:_____

2. Participant Name:_____

   Home Address:_____

   City: _____ State: _____ Zip: _____

   Phone: ❑Home or ❑Cell (_____)_____ E-mail: _____

   Signature:_____ Date:_____

3. Participant Name:_____

   Home Address:_____

   City: _____ State: _____ Zip: _____

   Phone: ❑Home or ❑Cell (_____)_____ E-mail: _____

   Signature:_____ Date:_____