

# Hawthorne's Backyard Volleyball League

## Roster/Waiver Form

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

Captain \_\_\_\_\_

	Print Name	City	Phone Number	Signature
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Please read this form carefully. Be aware that in signing up and participating in the above program, you will be waiving and releasing all claims for injuries you might sustain arising out of this program.

Program: "As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury, and I assume the full risk of any injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs."

"I agree to waive and relinquish all claims I may have as a result of participating in the program against Hawthorne's Backyard and its officers, agents, servants, and employees."

"I do hereby fully release and discharge Hawthorne's Backyard and its officers, agents, and servants, and employees from any and all claims from injuries, including death, damage, or loss which I may have or which may accrue to me on account of my participation."

"I further agree to indemnify and hold harmless and defend Hawthorne's Backyard, and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me and arising out of, connection with, or in any way associated with the activities of the program."

I have read and fully understand the above program details and participation agreement.