



PLAYER WAIVER, RELEASE OF LIABILITY, AND INDEMNIFICATION FORM

Participant Name: _____
(please print)

I, the undersigned, do hereby agree to participate in the Beach Volleyball league provided by the **Glass City Athletics at RESET Perrysburg**. I understand that recreation programs, by their very nature, can present circumstances that place the participant at some risk of injury. Among factors affecting potential for injury are the inherent risks of the activity and the participant's aptitude and intensity of involvement. I understand and agree that I am entered into this program at my own risk.

In consideration of the acceptance of this registration form for the activities listed, the participant(s) named on this form:

1. I understand that there are certain risks and hazards involved in participating in sand 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, court design, court maintenance, court condition, equipment, or other participants.
2. I understand that the very nature of the game of sand volleyball is hazardous and risky, including but not limited to, the acts of serving, setting, spiking, bumping, and receiving a Volleyball, falling, tripping, slipping, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.
3. I agree to release, indemnify, defend and hold the Beach Volleyball Academy, its officers, employees, agents, coaches, and volunteers harmless and free from any and all liability of any nature resulting directly or indirectly from participation in the(se) program(s), including but not limited to liability for any and all demands, damages, claims, suits, liens and judgments, including costs and attorneys' fees, of whatever nature, or for injury or death of any person, damage to property, or interference with the use of property, arising from or in connection with participation in the program(s).
4. I have carefully read this Indemnity, Release, Waiver and Assumption of Risk Agreement and fully understand its contents and understand that it shall be binding upon me, my heirs, successors and assigns.
5. I am aware that this is a full release of liability, and sign it of my own free will.

Signature: _____ Date: _____

Print Name: _____

Address: _____ City _____ Zip Code: _____

Phone: _____ Cell Home Work

EMAIL: _____

(Providing email opts-in to receive updates, schedules and promo from Glass City Athletics)