

Waiver and Release Form

Gateway Region Blocktoberfest

You must complete this form and bring it with you to the Blocktoberfest Check-In.

WAIVER & RELEASE: 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 the 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 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**, which arise out of or relate to my travel to and from or my participation in an volleyball event. **THE FOLLOWING PERSONS OR ENTITIES:** USA Volleyball and its Regional Volleyball Associations; tournament directors; 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 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. **If applicant is under eighteen (18) years of age, a parent or guardian must execute for and on behalf of the minor.**

Team Name: _____ Division: _____

Please print the information needed for each player and sign where indicated.

_____ Captain Name (printed)	_____ Email	_____ Player 5 Name (printed)	_____ Email
_____ Captain Signature (or parent/guardian signature if under 18 years of age)		_____ Player 5 Signature (or parent/guardian signature if under 18 years of age)	
_____ Player 2 Name (printed)	_____ Email	_____ Player 6 Name (printed)	_____ Email
_____ Player 2 Signature (or parent/guardian signature if under 18 years of age)		_____ Player 6 Signature (or parent/guardian signature if under 18 years of age)	
_____ Player 3 Name (printed)	_____ Email	_____ Player 7 Name (printed)	_____ Email
_____ Player 3 signature (or parent/guardian signature if under 18 years of age)		_____ Player 7 Signature (or parent/guardian signature if under 18 years of age)	
_____ Player 4 Name (printed)	_____ Email	_____ Player 8 Name (printed)	_____ Email
_____ Player 4 Signature (or parent/guardian signature if under 18 years of age)		_____ Player 8 Signature (or parent/guardian signature if under 18 years of age)	

IF YOU HAVE ANY QUESTIONS – CALL 314/849-1221
DO NOT FORGET TO BRING THIS FORM WITH YOU TO CHECK-IN