

LIABILITY WAIVER AND GENERAL RELEASE

In consideration of my participation in the activity described below, I hereby agree to assume all risk of any kind of injury or damage I may receive or sustain as a result of my participation, including property damage, personal injury or death. Accordingly, by signing below, I hereby completely release and hold harmless and forever discharge Cedar Rapids Westside Volleyball Club, School Districts, and every officer, agent, representative and employee of each, from liability or responsibility for any and all claims, damages, injuries, losses or cause of action that may result from or arise out of my participation in the described activities. I also understand and agree that this release shall be binding as against my heirs and assignees. I agree to indemnify and hold harmless the persons or entities mentioned above for any claims or liabilities assessed against them, because of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

Type of Activity: Volleyball Club	
Location: Iowa Region designation sites.	
Description of Event and/or Activity: Indoor Volleyball	
Types of Risks Involved with the Activity: Inherent risk is present in other participants, loss of balance or equipment failure are the risks as	
Player Name (please PRINT clearly):	
Address & Phone Number:	
Home Telephone Number:	Cell Number:
Player Signature:	-
Emergency Contact Information:	
Parent/Guardian Name:	
Contact Number:	
Any individual under the age of 18 who wishes to part complete the following PRIOR to engaging in any activ	-
Name of Parent or Legal Guardian (please PRINT clearly):	
Parent/Guardian Email:	
Signature of Parent or Legal Guardian:	
Contact Number:	Today's Date: