

2016 SEASON LEAGUE FORM
Matawan-Aberdeen Recreation Volleyball League (MARVL)
WAIVER AND RELEASE OF LIABILITY

This form must be read and signed before the League Volleyball Members listed below are allowed to take part in any competition or practice/warm up sessions.

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 for death, serious injury, or property damage. **With a full understanding of the potential risks, I HEREBY ASSUME ALL THE RISKS OF PARTICIPATING OR OFFICIATING IN A MARVL 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 BELOW**, which arise out of or relate to my travel to and from or participation in any MARVL volleyball event, **THE FOLLOWING PERSONS OR ENTITIES:** Matawan-Aberdeen Recreation Volleyball League; Matawan-Aberdeen Regional School District; and the tournament directors, sponsors, officers, directors, employees, volunteers, representatives and agents of any of the aforementioned entities; b) **I AGREE NOT TO SUE** any of the persons or entities listed above for any of the 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.

BY SIGNING THIS FORM, I AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, I HAVE READ THIS DOCUMENT, I UNDERSTAND AND AGREE TO ABIDE BY ITS CONTENTS, AND THAT I AM RESPONSIBLE FOR THE LEAGUE MEMBERSHIP DUES.

Team Name _____ League _____ League Location **Matawan Ave. Middle School**

Team Representative _____ Work Phone _____ Home Phone _____

	Participant Name (Printed)	Participants Signature	Address (Street, City, Zip)	Date
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