

PRINT Participants Team Name(s):

Sunset Beach Volleyball Participant Waiver Statement:

I (participant) _____ understand and accept that there are risks involved in participating in any recreational activity. I am aware of those risks, and am voluntarily participating in the Sunset Beach Volleyball League, with knowledge of the risks involved. I agree to accept any and all such risks of injury, death and/or property damage.

In case of injury or illness, I give my consent to emergency transportation and the administration of first-aid, medical and/or dental treatment. I accept responsibility for the payment of any emergency transportation, treatment expenses and any related or subsequent medical and/or dental bills.

I waive, release and agree to hold harmless Sunset Beach Volleyball, its members, officers, directors, employees, volunteers, agents or any other representative of Sunset Beach Volleyball against any and all causes of action, claims, demands, losses and/or expenses.

In addition, I understand that my conduct, if deemed inconsistent with the rules and guidelines of the Sunset Beach Volleyball, may result in my expulsion from all Sunset Beach Volleyball programs.

Any photographs or video taken while participating in any program or event, are the property of the Sunset Beach Volleyball and may be used at their discretion.

This waiver will cover all participation in any said Sunset Beach Volleyball event for a period of no more than 1 year from the day it is dated and signed.

I agree to fully read the Sunset Beach Volleyball rules and guidelines and agree to abide by all things covered.

I acknowledge reading this Waiver Statement,

Participant (**Signature**) _____

Date _____

(PRINT Participant Name) _____

***All participants (including subs) MUST complete a Waiver Form before playing any matches
Please direct your inquiries to Sunset Beach Volleyball**