

# VBPIIMP.COM Volleyball Tournament

## TEAM ROSTER, SPORTS CONTRACT & RELEASE FORM

IN CONSIDERATION of ourselves individually, and our team being invited and accepted to participate in the VOLLEYBALL TOURNAMENT on Saturday February 18, 2017, we, intending to be legally bound, do hereby, for ourselves, our heirs, executors and administrators, assume all risk of injury, foreseeable or not, and do release and forever discharge any and all rights of any claim for damages which may hereafter accrue to us against the individuals, jointly or severally, who plan and/or direct the VOLLEYBALL TOURNAMENT namely Volleyball Associates, or the owners of Euclid Sports Plant for any and all damages which may be sustained and suffered by us in connection with our association with, or entry in and arising out of, our traveling to and returning from the VOLLEYBALL TOURNAMENT to be participated in at Euclid Sports Plant located at 20001 Euclid Ave, Cleveland, OH 44117 on Saturday, February 18, 2017.

**This form must be completely filled out and signed by each player before your team will be allowed to participate.**

TEAM NAME:	CAPTAIN:
Please print name legibly	Please sign name

### Player 1

Name:	Signature:	
Address:	City:	St:
Zip:	Phone:	Email address:

### Player 2

Name:	Signature:	
Address:	City:	St:
Zip:	Phone:	Email address:

### Player 3

Name:	Signature:	
Address:	City:	St:
Zip:	Phone:	Email address:

### Player 4

Name:	Signature:	
Address:	City:	St:
Zip:	Phone:	Email address:

### Player 5

Name:	Signature:	
Address:	City:	St:
Zip:	Phone:	Email address:

### Player 6

Name:	Signature:	
Address:	City:	St:
Zip:	Phone:	Email address: