COED MUD VOLLEYBALL

LIABILTY WAIVER

l,	, verify that I am of good health and able to participate
	In the event of injury, I will not hold The Spring Creek
Association, The Spring Creek M	Marina, High Desert Booster Club or Bridgett Drake liable. I verify
that I am at least 16 years of ag	e with the consent of my legal guardian/parent to participate. I
acknowledge that The Spring Cr	reek Association, The Spring Creek Marina, High Desert Booster
Club or Bridgett Drake is not res	sponsible for any lost or stolen items. My signature on this
document confirms that I agree	, , ,
· ·	
DI	
Player signature:	
Guardian/parent signature:	
(If under 18)	
Contact phone:	
Email address:	
Emergency contact:	
(name and phone number)	
Team name:	

For further information please contact **Bridgett Drake** at **(775)340-2762**