

Volleyball Tournament - Competitive

October 25th 11am.

Team Definition and Rules →	A team name and team captain must be listed before registration is submitted. *Registrations are due by <u>October 20</u> . Tournament fee of \$60.00 is due at time of registration. Persons must be age 16 or older. Tournament requires a minimum of 6 teams, max 8 teams. All tournament participants must sign a liability waiver before they may play (see reverse). Indoor coed 4-on-4 competitive volleyball. Double elimination tournament. Must be equal or greater number of females to males during game play. Maximum of 8 teams allowed.					Tournament Fee Team: \$60
	Office Use Only:	staff initials	type of payment	credit card type	amount paid	

Team Name: _____

Team Captain: _____ **Phone:** _____

Address: _____ **City:** _____ **Zip:** _____

	First Name	Last Name	Phone	email address	Member #
1					
2					
3					
4					
5					
6					
7					
8					
9					

Release of Liability Waiver

All team members must read and sign this waiver. Team captain should witness and initial all signatures.

I desire to engage voluntarily in an exercise program at The Summit Medical Fitness Center to improve my physical fitness. I may voluntarily engage in exercise assessments to evaluate my physical fitness.

I understand there is a risk of abnormal cardiorespiratory response during and following exercise. I understand that I am responsible for monitoring my own condition through exercise, and agree to stop exercise and inform an instructor should any unusual symptoms occur. I understand that I can discontinue my exercise program or fitness assessment at any time.

Medical clearance is recommended before beginning an exercise program. If medical clearance is specifically requested prior to beginning an exercise program and fitness assessment, I will consult my physician and obtain said clearance prior to beginning my exercise program.

I have read this form and understand the nature of the exercise program and fitness assessment. My questions have been answered to my satisfaction. I agree to assume the risk of such exercise and fitness assessment, and agree to hold harmless The Summit Medical Fitness Center, their staff members, and their corporate ownership.

In consideration of the acceptance of this form, I the undersigned, for myself, my heirs, executors and administrators, waive and release any and all rights and claims I may have against the event officials and sponsors for photo, video, personal damages or injuries arising out of my participation in this event. I attest and verify that I have full knowledge of the risks involved in this event and that I am physically fit and sufficiently trained to participate.

	PRINT Name	Participant Signature	Parent or Guardian Signature (REQUIRED if participant is under 18 years of age)	Date	Team Captain Initials
1					
2					
3					
4					
5					
6					
7					
8					
9					