SCARBOROUGH LADIES VOLLEYBALL ASSOCIATION (S.L.V.A)

WAIVER, RELEASE AND INDEMNITY

By accepting agreement to this legal document, you will be giving up certain legal rights, including the right to sue. Please read carefully.

I hereby acknowledge that playing volleyball involves inherent risk and the possibility of personal injury, but nonetheless wish to participate in the S.L.V.A. In consideration of the S.L.V.A. organizing and running a volleyball league, I hereby voluntarily assume the risk of participating in S.L.V.A. activities and hereby release the S.L.V.A., its officers, organizers, agents, officials, representatives and members (the “Organization”) from any liability for injury, loss or damages sustained by me while taking part in S.L.V.A. activities or while on the premises where S.L.V.A. activities take place, whether such injury, loss or damages are caused or occasioned by or contributed to by the negligence of the Organization.

In further consideration of my taking part in activities run by the Organization, I hereby agree to indemnify the Organization in respect of any claim for injury, loss or damage sustained by a minor or other person accompanying me to S.L.V.A. activities or the premises where such activities are carried out, whether such injury, loss or damages are caused or occasioned by or contributed to by the negligence of the Organization.

Further, I understand that activities run by the Organization are subject to Constitution, By-Law and Operational guidelines (“Policies”). I hereby agree to abide by these Policies and accept that significant breach of these Policies could result in disciplinary action including: a monetary fine, forfeiture of games, suspension or expulsion from the league.

My signature below confirms that I have read, understand and accept the contents of this waiver and further confirms that I am at least 19 years of age. Non-acceptance forfeits your ability to play.

Team Name:

|   | Player First + Surname  | **Email address: Required for Captain & Asst. Captain** | **Postal Code** | **Phone Number** | **Waiver, Release & Indemnity Acceptance**  | **Acceptance Date**(enter asD-MMM-YY) | **Add as a Roster Player?** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | **Captain:**      |       |       |       | Yes [ ] No [ ]  |       | [ ]  Yes[ ]  No |
| 2 | **Assistant Captain:**      |       |       |       | Yes [ ] No [ ]  |       | [ ]  Yes[ ]  No |
| 3 |       |       |       |       | Yes [ ] No [ ]  |       | [ ]  Yes[ ]  No |
| 4 |       |       |       |       | Yes [ ] No [ ]  |       | [ ]  Yes[ ]  No |
| 5 |       |       |       |       | Yes [ ] No [ ]  |       | [ ]  Yes[ ]  No |
| 6 |       |       |       |       | Yes [ ] No [ ]  |       | [ ]  Yes[ ]  No |
| 7 |       |       |       |       | Yes [ ] No [ ]  |       | [ ]  Yes[ ]  No |
| 8 |       |       |       |       | Yes [ ] No [ ]  |       | [ ]  Yes[ ]  No |
| 9 |       |       |       |       | Yes [ ] No [ ]  |       | [ ]  Yes[ ]  No |
| 10 |       |       |       |       | Yes [ ] No [ ]  |       | [ ]  Yes[ ]  No |
| 11 |       |       |       |       | Yes [ ] No [ ]  |       | [ ]  Yes[ ]  No |
| 12 |       |       |       |       | Yes [ ] No [ ]  |       | [ ]  Yes[ ]  No |
| 13 |       |       |       |       | Yes [ ] No [ ]  |       | [ ]  Yes[ ]  No |
| 14 |       |       |       |       | Yes [ ] No [ ]  |       | [ ]  Yes[ ]  No |
| 15 |       |       |       |       | Yes [ ] No [ ]  |       | [ ]  Yes[ ]  No |

#### Notes:

#### Send your completed Team Registration to the VP Scheduling & Statistics by October 4, 2023.

1. Send your Team Registration Fee of, $1350, less any confirmed credits, to the Treasurer by October 4, 2023.

**Your team will not be permitted to play in the absence of your Team Registration, which will result in a score of “0” (zero) for each game that your team forfeits.**