SCARBOROUGH LADIES VOLLEYBALL ASSOCIATION

**(S.L.V.A)**

WAIVER, RELEASE AND INDEMNITY

BY SIGNING YOUR NAME IN 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 acceptance 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 at the date entered below. Non-acceptance forfeits your ability to play.

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| **PART 1: TO BE COMPLETED BY TEAM CAPTAIN***Note: Forward to player for completion of Part 2 before submitting to VP Scheduling & Statistics and before start of play.* | **Add as a Roster Player?**[ ]  Yes [ ]  No |
| **Team Name** | Select team name from the dropdown menu:  |
|  |
| **PART 2: TO BE COMPLETED BY PLAYER** |
| **Player Name** | **First Name:**      | **Last Name:**      |
| **Postal Code** |       |
| **Telephone** | Select telephone type from the dropdown menu: | Enter telephone number with area code:      |
| **Email** |       |
| **Player Acceptance Of Waiver Above:**[ ]  Yes [ ]  No | **Date: (enter as D-MMM-YY)**      |