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| OFFICIAL 2017 VOLLEYBALL TEAM ROSTER  Maximum Players: 10 Minimum Players: 6 | |
| Captains Name: | Team Name: |

**WAIVER OF LIABILITY/RELEASE – PLEASE READ CAREFULLY**

I, the undersigned participant on TEAM:     , have voluntarily agreed to participate in Houston Levee Community Center Adult Volleyball League. I agree to adhere to the rules and regulations established by Houston Levee Community Center.

In consideration of being allowed to use Houston Levee Community Center facilities and/or participate in center-sponsored activities, I assume any and all risks, including risk of injury or death, associated with my use of said facilities and/or participation in said activities. I further agree on behalf of myself, my heirs, executors, assigns, and personal representatives, to waive and release any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, against the Houston Levee Community Center and its officials, employees, and agents for any injuries suffered by me in connection with the use of the center facilities or participation in center-sponsored activities. I acknowledge that I have carefully read this Waiver of Liability and fully understand that I am waiving any right that I may have to bring a legal action or to assert a claim against the Houston Levee Community Center.

**PHOTO/VIDEO RELEASE:** I give my permission to have photos and/or video and audio recordings taken of me by the Houston Levee Community Center or its agents for publicity purposes during Houston Levee Community Center activities even though I will not receive compensation of any kind for appearing in such photos or video recordings.

**By signing the signature line below, I acknowledge that I have read, understood, and voluntarily accepted the conditions of the Waiver of Liability/Release and the Photo Release printed above**

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| **Player’s Name** | **Address** | **Email** | **Phone** | **Signature: “I have read the Waiver”** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |
| **5.** |  |  |  |  |
| **6.** |  |  |  |  |
| **7.** |  |  |  |  |
| **8.** |  |  |  |  |
| **9.** |  |  |  |  |
| **10.** |  |  |  |  |

*For Office Use Only*

Date Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Paid \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payment Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Receipt # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_