PARTICIPANTING TEAM'S INFORMATION:

City: Team Name (Women/Men):		
CILV: Team Name (Women/Men):	C:4	Toom Name (Women/Man).
	Cally:	ream Name (women/wen):

WAIVER AND RELEASE OF LIABILITY

I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and that my participation in the 67th NACIVT Montreal Volleyball event (held during the weekend of September 3-5, 2011) can cause potential death, serious injury, or property damage. With a full understanding of the potential risks, I HEREBY ASSUME THE RISKS OF PARTICIPATING OR OFFICIATING IN A VOLLEYBALL EVENT.

I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors, and assigns: a) I WAIVE, RELEASE, AND DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind which arise out of or relate to my traveling to and from or my participation in any volleyball event, THE FOLLOWING PERSONS OR ENTITIES: the 67th NACIVT Montreal Volleyball committee and their associated administrators, organizers, directors, sponsors, officers, staffs, representatives, volunteers and agents; b) I AGREE NOT TO SUE any of the persons or entities listed above for any of the claims or liabilities that I have waived, released or discharged herein; and c) I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

	Full Name	Signature
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
	·	

i,, the team represe	mative, certify that all the above signed members
have read through this Waiver and Release of Liabil	ity form, and that all participants that are under 18
years of age have signed the Individual Waiver and altogether).	Release of Liability form (to be submitted
Team Representative's signature:	Date:

the team managementative contifut that all the above signed manufacture

