

ATHLETE'S RELEASE FORM-2019 MUD VOLLEYBALL TOURNAMENT

TEAM NAME: _____ Date _____

I, the undersigned, know that mud volleyball is an action sport carrying risk of personal injury. I know that there are obstacles, hazards, and other risks inherent in the sport, which can cause personal injury.

I agree that I absolve the Janesville Noon Rotary Club, its officers, directors, members, or any other officials of the Mud Volleyball Tournament for any injury I may sustain while participating in the event and acknowledge that I am fully responsible for my safety while participating in this event. Furthermore, I give my permission for the Janesville Noon Rotary Club to use any photos taken of me at the event, for their promotional purposes.

PARENTAL OR GUARDIAN SIGNATURE IS REQUIRED FOR ENTRANTS UNDER 18 YEARS OF AGE

By my co-signature below, I confirm that I am the parent or legal guardian of the minor athlete. I have read the above Athlete's Release Statement and agree and understand that it is my obligation throughout the Mud Volleyball Tournament to be responsible for the participation of my child, and not the obligation of the Janesville Noon Rotary Club, its officers, directors, members, or any other official of the Mud Volleyball Tournament. I further agree that I am totally responsible for the safety and actions of my child while he/she participates in this event.

UNDER
18

_____ DATE	<input type="checkbox"/>	_____ ATHLETE'S SIGNATURE	_____ PARENT OR GUARDIAN CO-SIGNATURE IF UNDER 18
_____ DATE	<input type="checkbox"/>	_____ ATHLETE'S SIGNATURE	_____ PARENT OR GUARDIAN CO-SIGNATURE IF UNDER 18
_____ DATE	<input type="checkbox"/>	_____ ATHLETE'S SIGNATURE	_____ PARENT OR GUARDIAN CO-SIGNATURE IF UNDER 18
_____ DATE	<input type="checkbox"/>	_____ ATHLETE'S SIGNATURE	_____ PARENT OR GUARDIAN CO-SIGNATURE IF UNDER 18
_____ DATE	<input type="checkbox"/>	_____ ATHLETE'S SIGNATURE	_____ PARENT OR GUARDIAN CO-SIGNATURE IF UNDER 18
_____ DATE	<input type="checkbox"/>	_____ ATHLETE'S SIGNATURE	_____ PARENT OR GUARDIAN CO-SIGNATURE IF UNDER 18
_____ DATE	<input type="checkbox"/>	_____ ATHLETE'S SIGNATURE	_____ PARENT OR GUARDIAN CO-SIGNATURE IF UNDER 18
_____ DATE	<input type="checkbox"/>	_____ ATHLETE'S SIGNATURE	_____ PARENT OR GUARDIAN CO-SIGNATURE IF UNDER 18

SUBSTITUTES:

_____ DATE	<input type="checkbox"/>	_____ ATHLETE'S SIGNATURE	_____ PARENT OR GUARDIAN CO-SIGNATURE IF UNDER 18
_____ DATE	<input type="checkbox"/>	_____ ATHLETE'S SIGNATURE	_____ PARENT OR GUARDIAN CO-SIGNATURE IF UNDER 18
_____ DATE	<input type="checkbox"/>	_____ ATHLETE'S SIGNATURE	_____ PARENT OR GUARDIAN CO-SIGNATURE IF UNDER 18
_____ DATE	<input type="checkbox"/>	_____ ATHLETE'S SIGNATURE	_____ PARENT OR GUARDIAN CO-SIGNATURE IF UNDER 18