



Revised: 4/16/10

Independence Day Celebration *Budweiser Coed Volleyball Tournament* Individual Registration & Liability Waiver

First Name: _____ Last Name: _____ M.I.: _____

Address: _____ City: _____ State: _____

Phone: _____ Birth Date: ____/____/____ I am over 18 years old: YES - NO
(Circle One)

WAIVER & RELEASE OF LIABILITY

I, the undersigned, know that the before listed event is a potentially hazardous activity and I attend it out of my own free will and choice. In choosing to participate in the 4th of July Coed Sand Volleyball Tournament and any related activities, I fully accept and assume all risks whether before, during or after this tournament and its related events. I waive any and all specific notice of the existence of the risks. I shall assume and pay my own medical and emergency expenses in the event of injury, illness, or other incapacity regardless of whether I authorized such expenses.

I realize that sand volleyball requires physical conditioning and I represent that I am in sound medical condition capable of participating in the tournament without risks to myself or others. I have no medical impediment, which would endanger others or myself.

Knowing these facts and in consideration of my entry acceptance, admission to and/or participation in the 4th of July Coed Sand Volleyball Tournament and its related events, I for myself and anyone acting on my behalf, release, waive, discharge, covenant not to sue and agree to hold the City of Independence, Independence Celebrations Committee, Inc, Independence Day Celebration Committee, Independence Day Celebration sponsors, participating clubs, communities, organizations, emergency and support personnel, volunteers and their representative harmless from any and all claims, demands and actions of any and every kind. I have, may have or may hereafter accrue against the released parties directly or indirectly arising out of or relating in any respect to my attending or participating in the 4th of July Coed Sand Volleyball tournament and its related events.

I HAVE READ THIS AGREEMENT, WAIVER AND RELEASE, AND AGREE TO ACCEPT ITS TERMS.

PRINTED NAME DATE SIGNED

SIGNATURE OF PARTICIPANT AND SIGNATURE OF PARENT (If applicant is under 18)