Volleyball Tournament Waiver

Please read the following waiver –
Your signature on this roster below signifies you have read the waiver and agree to its contents.

I wish to use the facilities of Lisbon Central School for a volleyball tournament. I understand that the use of recreational facilities involves inherent risks, including the potential for serious injury or death. In consideration of being permitted to use these facilities, I hereby waive and release any and all claims on behalf of myself, my heirs, agents, and representatives for any injury, death, or property damage that may occur while using the facilities. Furthermore, I agree to release and hold harmless the Lisbon Central School District, its officials, employees, volunteers, insurers, agents, and representatives from all liability to myself, my estate, heirs, agents, and representatives for any losses, damages, or injuries that may arise from my use of these facilities. I understand that by signing this Waiver and Release, I am giving up my right to bring any claim, lawsuit, or seek any form of compensation as described above.

I sign this Waiver and Release voluntarily and with full understanding of its terms and consequences.

Tournament: _____ **Date:** _____

Name: _____ **Birthdate:** _____

Address: _____

City: _____ **State/Zip** _____

Phone #: _____ **Email:** _____

Signature: _____

Parent/Guardian Signature (if under 18): _____