

Volleygrass Registration Form ATHLETE'S RELEASE

Division _____ Team Name _____

In consideration of your acceptance of this entry, I, or a minor I/we as the parent(s) or guardians, intending to be legally bound, do hereby, for myself, the athletes, heirs, executors, and administrators waive, release and forever discharge any and all rights and claims for damages and costs of any nature, which may I/we have or which may hereafter accrue to the athletes against the Marysville School District, the City of Marysville, and Blue water Volleygrass, Inc. and any other support group and organizations and volunteers, their respective officers, agents, employees, representatives, successors, and/or assigns and agree to hold the same harmless for any and all damages which may be sustained and suffered by the athletes in connection to or participating in, and returning from said festival/tournament event at Marysville, Michigan and Marysville High School. I/we further recognize that by signing we and spectators accompanying us are agreeing to abide by the directions/rules and required sportsmanlike conduct of Blue Water Volleygrass Inc. at the Tournament and that my team or any individual or spectator is subject to being ejected from the Tournament and tournament area in the event that we or spectators accompanying us fail to abide by the same. I, or if the athlete is a minor we the parent(s) or guardian(s) of the athlete, grant to the directors, agents, and volunteers of Blue Water Volleygrass, Inc. authority to act as guardian/spokesperson in granting permission, if they elect to do so in their discretion, for medical treatment/hospitalization (including anesthesia) if reasonably necessary in the discretion of the directors, agents or volunteers, for me, or if such minor my/our son or daughter, while at or enroute to or from or at the sites of the above festival/tournament. I understand that should such situation arises, such medical treatment/hospitalization as deemed reasonably necessary is authorized. Any director, officer or volunteer may but is not required to act, by virtue of this authorization.

Please Print Name and Address Information

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|--|-----------------------|--|-----------------------|
| _____ Signature of Athlete (Name on Form) | _____ Date | _____ Signature of Parent/Guardian if player is a minor | _____ Date |
| Address _____ Street | | City _____ | State _____ Zip _____ |
| Phone _____ | Medical Contact _____ | Email _____ | |

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| _____ Signature of Athlete (Name on Form) | _____ Date | _____ Signature of Parent/Guardian if player is a minor | _____ Date |
| Address _____ Street | | City _____ | State _____ Zip _____ |
| Phone _____ | Medical Contact _____ | Email _____ | |

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| Phone _____ | Medical Contact _____ | Email _____ | |

Co-Ed Only 6th Player

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| Address _____ Street | | City _____ | State _____ Zip _____ |
| Phone _____ | Medical Contact _____ | Email _____ | |