

BALANCE'S CO-ED SAND VOLLEYBALL TOURNAMENT

Individual Liability Waiver

First Name: _____ Last Name: _____ M.I.: _____
Address: _____ City _____ State: _____
Phone: _____ Age: _____

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 Balance's Sand Volleyball Tournament, I fully accept and assume all risks whether before, during or after this league 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.

I for myself and anyone acting on my behalf, release, waive, discharge, covenant not to sue and agree to hold the Balance Fitness Center and their employees 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 at Balance's Sand Volleyball Tournament.

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

PRINTED NAME

DATE SIGNED

SIGNATURE OF PARTICIPANT

SIGNATURE OF PARENT (If applicant is under 18)