ACRA's 2017 VOLLEYBALL LEAGUE TEAM ROSTER/WAIVER

I understand that the risks I assume by participating in the ACRA Volleyball League ("League") include but are not limited to serious head injury or other bodily injuries. In consideration of receiving permission to participate in the League, I hereby release the Amador County Recreation Agency, and all of its officers, employees, and agents ("ACRA") the City of Jackson, the City of Sutter Creek and all of its officers, employees, and agents ("City") and the Amador County Unified School District and all of its officers, employees, and agents ("ACUSD") and the County of Amador and all of its officers, employees, and agents ("County") from all liability for any personal injury, death, or damage of any kind arising from or related to my participation in the League. No oral representations, statements or inducements apart from this written waiver have been made. My decision to participate in the League is voluntary, assuming all risk of loss, damage, or injury including death that may occur through my participation in the League. I understand that by signing this release and waiver, I am giving up the right for myself and/or my family or heirs to sue ACRA, the City of Jackson, the City of Sutter Creek, ACUSD and the County for injuries resulting from my participation in the League. In further consideration for being permitted to participate in the League, I agree, for myself, my heirs, administrators, executors, and assigns, that I shall indemnify and hold harmless ACRA, the City of Jackson, the City of Sutter Creek, ACUSD and the County from any and all claims, demands, actions or suits arising from or related to my participation in the League.

MY SIGNATURE ON ROSTER ACKNOWLEDGES I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THE WAIVER, RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Your signature below means you also agree to play by the ACRA Sports Code of Conduct-Be a good sport, don't argue, have fun, etc.

TEAM NAME_____ MANAGER _____ COLOR_____

ROSTER

Player's Name (print)	E-MAIL	Phone Number	Zip Code	Signature

ALL PLAYERS MUST PERSONALLY SIGN WAIVER/ROSTER PLAYERS THAT DO NOT SIGN WAIVER/ROSTER WILL BE PROHIBITED FROM PARTICIPATION