

SPOOKY SPIKE SHOWDOWN

SAND VOLLEYBALL TOURNAMENT ROSTER

2023

Team Name _____

Team Manager _____

Manager Email _____

Manager Phone Number (____) ____ - _____

Manager Address _____

City _____ State _____ Zip Code _____

	PLAYER NAME	EMAIL	SIGNATURE
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

The undersigned officials certify that these players are eligible under the Incorporated Rules and Regulations.
Please see back side for complete waiver.

Team Manager Signature _____

UNDER 18 YEARS OF AGE PARENT SIGNATURE

	PLAYER NAME	PHONE	PARENT SIGNATURE
1			
2			
3			
4			
5			
6			
7			
8			

SAND VOLLEYBALL TOURNAMENT WAIVER

I acknowledge that in calendar year 2023 I will be voluntarily participating in various activities at various locations sponsored by, scheduled by and associated with the Park District of the City of Valley City, Barnes County, North Dakota, 733 8th Ave. SW., Valley City, North Dakota 58072.

As lawful consideration for being permitted to participate in the activities sponsored by, scheduled by and associated with the Park District of the City of Valley City, Barnes County, North Dakota, I hereby release the Park District of the City of Valley City, Barnes County, North Dakota, from any and all liability, claims, demands, actions and causes of action, whatsoever, arising out of or related to any loss or damage to property, injury or loss of life that may be sustained by me as a result of my participation in the above referenced activities during calendar year 2023.

I further agree to indemnify the Park District of the City of Valley City, Barnes County, North Dakota, its agents and employees, and to hold the same harmless from and against all claims, demands and liabilities, loss or damage that may be suffered, whether for injuries to persons or loss of life or damage to property, including attorney's fees and costs incurred, arising out of my participation in the above referenced activities during calendar year 2023.

I understand and permit the Park District of Valley City to take and use pictures while I am participating in facility/program. This Park District Release and Indemnity Agreement shall be binding upon me, my estate, assigns, legal guardians, and my personal representatives. I have carefully read this agreement and understand all its terms. I sign it voluntarily and with full knowledge of its significance.

ASSUMPTION OF RISK

1. I am aware of the potential risks and dangers to my person and property involved in this activity.
2. I voluntarily elect to participate in the activity with the knowledge of the potential dangers involved, and I hereby agree to accept and assume any risk of all property damage, personal injury, or death.