

Sunspots 2010 High School Volleyball League

Waiver

I _____ (Printed Name)

verify that I am physically able to participate in The 2010 Summer H.S League. I hereby agree and promise that I will not hold Sunspots or its employees responsible for any loss, damages, or personal injury received in result of participation. I herby authorize the directors of the Sunspots H.S League to act according to their best judgment in an emergency requiring medication attention. I agree to be treated by a certified athletic trainer or licensed physician (if necessary) and to assume costs related to such treatment.

Signature _____ Date _____

Date of Birth: ____/____/____

Street Address _____

Zip Code: _____ City _____ State _____

Contact Phone Number: _____

If under the age of 18 years old Parent or Guardian signature is needed.

Parent Name: _____

Signature: _____