

OPEN VOLLEYBALL WAIVER FORM

First Name	Last Name	Birthdate
Address	City	Zip
E-mail Address	Phone	

This is to certify that I do consent and agree to release Ralia Sports Center, LLC, its officers, employees, volunteers, officials and agents from any and all claims, liabilities, loss of services and causes of action of any kind for personal injury and/or property damage arising in any way out of my involvement or participation in this program. **Players under the age of 18 must have form signed by a parent and/or guardian.**

Player signature (or parent/guardian if player is under the age of 18)