



Name: _____

Team : _____

Coach : _____

Participation Agreement:

By use of the facilities provided by CVA Volleymasters, the player agrees that CVA Volleymasters shall not be liable for damages resulting from personal injury while participating in a CVA Volleymasters event. Members assume full responsibility for any injuries, damages to facilities, or personal property losses while participating in a CVA Volleymasters event. Member does hereby release CVA Volleymasters, its directors, coaches, employees from all claims, demands, rights of action resulting from use or intended user of facilities and equipment provided.

Parents/guardian and players represent and agree that the player is in good physical condition, has no disability, impairment, or ailment that prevents her from participating in active or passive exercise that will be detrimental to her health, safety, or physical condition if she engages in said activity. Players should consult their physician before beginning any sport.

The undersigned has received, read, understands, and agrees to abide by all the rules of CVA Volleymasters as they now exist.

This agreement supersedes all oral representations or communications between parties, constitutes the understanding of the parties regarding the subject matter of this agreement, and may only be modified or amended by written supplement signed by both parties.

I also understand that photographs from CVA Volleymasters events may be posted on the CVA Volleymasters website and that my daughter may be in them, but that no names will be printed without consent.

Cost : _____

I acknowledge by signing this agreement that I am financially liable for the full payment of contractual fees to participate.

Read, acknowledged and agreed to this date, _____, 2011.

Signature: _____
Parent/Guardian

Signature: _____
Player

CVA: _____
Witness

Checks Payable to: CVA Volleymasters

**Mail to: CVA Volleymasters
Adrienne Delph
304 Oak St. Mt. Vernon, Ohio 43050**