COLEMAN'S IN CARY VOLLEYBALL LEAGUE WAIVER FORM

Waiver of Liability and Assumption of Risk

LEAGUE NIGHT_____TEAM NAME_____DATE_____

In consideration of being allowed to participate in any way in the above listed Volleyball League, related events and activities, I, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the activities involved in these sport events is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation; and
3. I willingly agree to comply with the stated instructions and policies and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and
4. I understand that if I choose to drive my own vehicle or be a passenger in a vehicle while traveling to and/or from a Volleyball League or Volleyball League Special Event, Coleman's in Cary automobile liability insurance coverage will not apply; and
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold Brann Inc., Coleman's in Cary, the Volleyball League Program, and their officers, officials, agents and/or employees, other sport participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event or activity ("Releases") harmless with respect to any and all injury, disability, death, or loss or damage to person or property, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I understand, agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous activity. Understanding this, I state that I have no medical condition or impairment that might inhibit my safe and active participation in the above listed activity. In addition, I understand that Coleman's in Cary does not provide medical insurance coverage for activity participants and that any applicable medical insurance must be provided individually by such participants. In the case of injury or medical emergency and in the event participant, or their parent or guardian, cannot respond at the time of the emergency, Coleman's in Cary has permission to seek, administer, or have administered whatever first aid or emergency medical care deemed necessary for participant's welfare, and it is understood that participant, and not Coleman's in Cary, shall be responsible for any and all charges for such health care services regardless of whether participant's medical insurance would cover such charges.

TEAM PLAYERS

NAME: _____ **SIGNATURE:** _____

NAME: _____ **SIGNATURE:** _____

NAME: _____ **SIGNATURE:** _____

NAME: _____ **SIGNATURE:** _____

NAME: _____ **SIGNATURE:** _____

NAME: _____ **SIGNATURE:** _____

NAME: _____ **SIGNATURE:** _____

NAME: _____ **SIGNATURE:** _____

NAME: _____ **SIGNATURE:** _____

NAME: _____ **SIGNATURE:** _____

NAME: _____ **SIGNATURE:** _____