Blue Water Volleygrass Festival

For questions visit www.volleygrass.com or contact **bluewatervolleygrass@gmail.com**

EACH TEAM MEMBER MUST SIGN THE MEDICAL and LIABILITY RELEASE FORM INCLUDED.

No one is authorized to play until the release is signed.

Volleygrass Registration Form ATHLETE RELEASE

In consideration of your acceptance of this entry, I, intending to be legally bound, do hereby, for myself, the athletes, heirs, executors, and administrators, waive, release and forever discharge any and all rights and claims for damages which may have or which may hereafter accrue to the athletes against Blue Water Volleygrass, Inc. and any other support group and organizations and volunteers, their respective officers, agents, representatives, successors, and/or assigns and agree to hold the same harmless for any and all damages which may be sustained and suffered by the athletes in connection to or participating in, and returning from said festival/tournament event at Port Huron, Michigan and Port Huron Northern High School Stadium.

I, or we, the parent(s) or guardian(s) of the athlete, grant to the directors, assistants or assigned chaperones of Blue Water Volleygrass, Inc. to act as guardian/spokesperson in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for my/our son or daughter while enroute to or from or at the sites of the above festival/tournament. I understand that should a health emergency arise, I will be notified, but that if I cannot be reached immediately by telephone, such medical treatment as deemed necessary by medical personnel is authorized.

Please Print Name and Address Information

____________________ / __________ ____________________ / __________

Signature of athlete (name on form) Date Signature of parent/guardian if player is a minor Date

Address____

Street City State Zip

Phone_______________ Alternate Phone_______________ Email____________________

____________________ / __________ ____________________ / __________

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