

# WSC Program Form and Waiver

Willowbrook Sports Complex  
12539 Perry Road, Houston, TX 77070  
Tel 281-807-0055 Fax 281-894-1188

## 2008 Sand Volleyball League

Team Name: \_\_\_\_\_

Division: \_\_\_\_\_

Shirt Size:      YL      YXL      S      M      L      XL      XXL

## Player Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_      Grade: \_\_\_\_\_

School (if applicable): \_\_\_\_\_ Club Team: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ e-mail: \_\_\_\_\_

## Parent or Guardian (if you are playing as a junior)

Print Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone( ) \_\_\_\_\_ e-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature (parent or guardian): \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*If you cancel after the deadline but prior to the league start date you will only be refunded 50%. No refunds will given after the start of the league.**

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

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death.
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation.
3. I willingly agree to comply with terms and conditions for participation. If 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.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless WILLOWBROOK SPORTS COMPLEX, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors or premises used to conduct the event (Releasees), from any and all claims, demands, losses, and liability arising out of or related to any injury, disability or death I may suffer, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, 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.

X \_\_\_\_\_  
Participant's Signature      Age      Date

For parent's/guardians of participant or minor age (under age 18 at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement of participation in these programs as provided above, even if arising from the negligence of the releasees, to the fullest extent permitted by law.

X \_\_\_\_\_  
Parent's Signature      Date      Emergency Phone Number

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Payment Type \_\_\_\_\_ Check # \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_