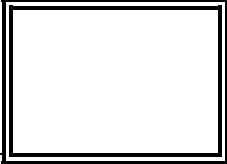


**CABANAS VOLLEYBALL**  
**ADULT ATHLETIC LEAGUE ROSTER & WAIVER/RELEASE OF LIABILITY**  
 ALL CO-ED ROSTERS MUST HAVE A MINIMUM OF 4 PLAYERS, (2 WOMEN, 2 MEN)



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

Address: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**EACH PARTICIPANT MUST READ AND SIGN THIS FORM BEFORE PARTICIPATING:** In consideration of being allowed to participate in any way in Cabanas adult league program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis, and death: and while, particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. Cabanas DOES NOT provide medical coverage for participants in the program. It is each individual's responsibility to provide medical coverage; and,
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for my participation; and,
4. I have read the League Rules and Guidelines governing the activity and willingly agree to comply with them; and,
5. I hereby, separately, for my heirs, executors and administrators, waive and release any and all rights and claims that may be held or might arise against Cabanas, it's agents or representatives for any and all losses suffered while competing in or in connection with the programs sponsored or co-sponsored by Cabanas.
6. I certify that I am 21 years of age or older.

	NAME (please print)	ADDRESS	CONTACT NUMBER	EMAIL	SIGNATURE	T-Shirt Size
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**MANAGER'S AFFIDAVIT:** This is to certify that this roster does not include any assumed names and that each player conforms to the eligibility requirements governing this adult athletic program.

MANAGER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_