**NEW LIFE NOW WARRIORS Doubles Tournament v1.0**

**Feb 27th 2013 @ PS2, 122 HENRY STREET, NY, NY10002**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Team Name: |  |   |  | Captain Name: |  |  |
| Captain Phone: |  |  |  | Captain Email: |  |  |

**Liability Waiver:**

By signing below you acknowledge and agree to all of the following statements:

* New Life Now and PS2 are not responsible for any physical harm or incident during this event.
* I have read the rules and will abide by the rules of the tournament and facility.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Signature** | **Gender** | **Age** |
| 1) |  |  |  |
| 2) |  |  |  |

NLN WARRIORS VOLLEYBALL WAIVER FORM – WAIVER & RELEASE OF LIABILITY

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, may be reached at

(Full Name) (Full Birthday)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Primary Telephone No.) (E-mail Address)

In the event of an emergency, contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Full Name) (Relationship and Language Spoken)

at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Emergency Telephone No.)

I, hereby understand that by participating in the NLN Warriors Volleyball Tourney, I accept the

associated risks of the event which includes but is not limited to, personal injury, property damage, or

potential death. And, that the event sponsors, the NLN Warriors Volleyball, New Life Now, the Chinese

Missionary Baptist Church, Public School 2, employees, workers, and volunteers, will not be held liable.

I, understand by signing this Waiver Form, I agree to release NLN Warriors Volleyball, New Life

Now, Chinese Missionary Baptist Church, Public School 2, all employees, workers, and volunteers from

any and all liability.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant’s Signature (Regardless of Age) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the participant is under 18 years of age, a parent or guardian must acknowledge and give consent

for participation and fill out the following:

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, may be reached at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Full Name of Parent/Gaurdian) (Telephone No.)

 I fully understand the risks associated with my child’s participation in the NLN Warriors’

Volleyball Tourney. I certify that all information on this form is true and correct and that my child

(named above) is in good health and is capable of participating in physical activities that may include

risks of serious injuries and even death. I agree with the waiver and release conditions stated above and

hereby consent to my child’s participation.

I understand by signing this Waiver Form, I agree to release NLN Warriors Volleyball, New Life

Now, Chinese Missionary Baptist Church, Public School 2, and all employees, workers, volunteers from

any and all liability.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian’s Signature Date