



# VOLLEYBALL TOURNAMENT

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By my signature here, I attest that I have read this statement and waive any and all claims and release UTAH VALLEY UNIVERSITY, its staff, tournament directors, employees, workers, hosts, and sponsors for any and all injuries I may suffer as a result of participation in the above listed event or competition. I understand UVU will not provide any type of insurance. I agree to be personally responsible for any medical costs incurred during this activity. I further attest that I will take responsibility to ensure that I am physically fit to participate in these events and competitions.

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

Team Representative: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Players:	Printed Name	Signature
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____