



NMIVA CNMI BEACH VOLLEYBALL NATIONAL TEAMS

Liability Waiver Form

Participant's Name

Contact phone

Email address

I, _____, agree to comply with the rules, regulations, and event instructions set for by NMIVA for participating as a member player of the CNMI Beach Volleyball National Team.

In consideration of accepting this entry, I hereby, for myself, my heirs, executors, and administrators, agree not to sue, waive and release any and all claims for injuries and damages I may have against the Northern Mariana Islands Volleyball Association (NMIVA) and its affiliates, or any other co-sponsors for any and all injuries and damages suffered by me out of my participation with the CNMI Beach Volleyball National Team.

I attest that I am physically fit and will maintain sufficient training for all competitions and that my physical condition has been verified by a licensed doctor.

I agree that I am playing at my own risk. I understand that my participation in with the CNMI Beach Volleyball National Team will or could subject me/us to numerous danger or risks of personal injury, even fatal, as well as other injuries or damages. These risks and dangers have been considered and, relying on my own judgment, I have voluntarily chosen to participate and assume all such dangers and risks. I certify that I am in suitable health and capacity, which allows my participation with the CNMI Beach Volleyball National Team.

Furthermore, I agree to release any and all those related to this event from liability or responsibility for any related result arising from my participation in with the CNMI Beach Volleyball National Team.

I hereby consent to receive medical treatment which may be advisable in the event of illness or injuries suffered by me during my participation with the CNMI Beach Volleyball National Team and authorize the release of information relating to my condition.

I permit the use of my name, pictures, and interviews for use in any broadcast, telecast, advertisement, books, films, videotapes, or any other account of related to my participation with the CNMI Beach Volleyball National Team with no monetary payment to me.

*Players Signature**

Date

** Parent if under 18 years*

Date

In the event of an emergency contact: _____

Home#

Work #

Cell #