

OCVC Spring 2006 Volleyball Tournament

Volleyball Team Roster & Waiver Form

I wish to take part in the OCVC Spring 2006 Volleyball Tournament on April 1, 2006.

I understand that there are risks of certain changes occurring during or after my participation in an athletic event. These changes include, but are not limited to, abnormalities of blood pressure or cardiac arrest. I am aware of the signs and symptoms of these changes, which include shortness of breath, faintness, nausea, and dizziness.

I further understand that there is a risk of physical injury when participating in an athletic event. In consideration of acceptance of my entry, I do hereby for myself, my heirs and administrators waive and release any and all claims I have against the OCVC Committee, the various sponsoring agencies, the various sports facilities and the representatives of these groups or any facility in connection with the OCVC Spring 2006 Volleyball Tournament.

I take full responsibility for proper use of all equipment and will conduct myself in a sportsmanlike manner. Any dispute during the event should be brought to the attention of the organizers immediately.

I have read this form and understand its content and request to be included in the OCVC Spring 2006 Volleyball Tournament.

NAME	SIGNATURE	EMAIL ADDRESS
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

TEAM NAME: _____ CAPTAIN: _____

PHONE #: _____ EMAIL ADDR: _____