



Spirit. Strength. Life.

**Lawndale Christian Fitness Center (LCFC)
1st Annual Co-ed Adult Volleyball League
2017**

Amount Paid _____

PLAYER RELEASE OF LIABILITY AND REGISTRATION FORM

TEAM NAME _____ **TEAM MGR NAME** _____

Player Full Name _____

Male _____ Female _____ Date of Birth _____ Age _____

T-Shirt size (unisex shirts): S M L XL 2XL 3XL

Home Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Email Address _____

Home Phone () _____ Alternate Phone () _____

Updated contact information is to be provided to the Lawndale Christian Fitness Center within 30 days of any changes.

WAIVER, RELEASE AND ASSUMPTION OF RISK: In consideration of my participation in the LCFC Co-ed Adult Volleyball League, I hereby waive, release and discharge all claims for damages for death, personal injury, or property damage which may occur because of my participation in the volleyball league or any activity incident thereto. This release discharges in advance the LCFC, LCHC, its officers, agents, servants, and employees, game officials, volunteers and referees (hereinafter referred to collectively as "LCFC") from liability even though that liability may arise out of the LCFC's active or passive negligence or carelessness. I acknowledge that some recreational activities, including volleyball, involve an element of risk or danger of accidents, injury and even death, and knowing those risks, I freely and voluntarily assume the risk of injury and/or death and I will not sue or exercise any legal right to seek damages from LCFC/LCHC. By this Agreement, I also intend to waive, release and discharge all claims for personal injury, death or property damage caused by the condition of the volleyball court or any equipment there including, nets, balls, etc. Refunds will only be given if LCFC is at fault for cancelling the volleyball league. Otherwise, no refund will be granted (LCFC has final say in all refund matters).

I understand that this WAIVER, RELEASE and ASSUMPTION OF RISK form will remain on file with LCFC and that it will apply to the current season as well as my participation in future seasons in the Co-ed Adult Volleyball Leagues.

I certify that I have no medical condition that would cause participation in the volleyball leagues to increase the risk of hazard to my health. In addition, I authorize LCFC to provide or cause to be provided such medical treatment that may be necessary or appropriate if I am injured while participating in the volleyball league.

I hereby authorize Lawndale Christian Health Center, and its connected ministries, to take, reproduce, and use my image and statements in photographs, video, voice recordings, and quotations, in whole or in part, in connection with the production of programs or materials about Lawndale Christian Health Center, and its connected ministries. I understand this includes educational and marketing materials distributed in any and all formats. I disclaim any rights to such media in perpetuity. I understand my information may be used more than once for promotional purposes by Lawndale Christian Health Center.

I have read and understand the rules, guidelines and bylaws of the Lawndale Christian Fitness Center Co-ed Adult Volleyball League and agree to abide by them. I understand that failure to abide by them may result in my expulsion from the game and or the League. My signature below states that I agree and understand this waiver.

Player Printed Name	Player Signature	Date
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STAFF USE ONLY Men's _____ Women's _____ Co-ed _____
Employee Signature _____ Date _____