



Notre Dame High School, Inc.

NOTRE DAME HIGH SCHOOL
VOLLEYBALL ALUMNI TOURNAMENT
FRIDAY, December 2nd ~ SUNDAY, December 4th, 2016
Notre Dame High School Gymnasium

LIABILITY/WAIVER FORM

In consideration of participating in any way in Notre Dame High School, Inc's Alumni Volleyball Tournament, the undersigned:

- A. acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and sever social economic losses which might result not only from their own actions, inactions or negligence of others, the rules of play, or the condition of the premises, or of any equipment used, and that there may be other risks not known to us or not reasonably foreseeable at this time;
- B. assume all the foregoing risks and accept personal responsibility for all the damages following such injury, permanent disability or death;
- C. release, waive, discharge, and covenant not to hold liable and/or sue Notre Dame High School, Inc., the tournament organizers, staff, volunteers, sponsors, supervisors, participants, coaches, and all other persons affiliated with Notre Dame High School's Alumni Volleyball Tournament event; and
- D. Take full financial responsibility for damages incurred by myself/son/daughter/spouse/sibling to any Notre Dame High School, Inc. property and agree to pay for these damages.

Notre Dame High School, Inc. may use any pictures or videos taken of tournament participants. This includes digital images, which may be posted on our web site.

This liability/waiver, release and indemnification agreement specifically embraces each and every event sanctioned, authorized or promoted by said release during the entire duration and applies to each and every event or activity herein above~mentioned and has the same effects as if executed after each and every activity or event in which the undersigned participates so that the parties herein intended to be released and indemnified shall be fully and effectively released and indemnified as to each and every event herein above~mentioned.

PRINT PARTICIPANT'S NAME

PARTICIPANT'S SIGNATURE

DATE

PRINT PARENT(S)/LEGAL GUARDIAN(S) NAME

SIGNATURE

DATE

Print Name of Emergency Contact

Contact Number(s)



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REGISTRATION FORM

PLEASE FILL OUT COMPLETELY (no blank spaces)

Last Name: _____ First Name: _____

Date of Birth: _____ Gender: { } Male { } Female

Address: _____

Village: _____ Zip Code: _____

Email Address: _____ Phone: (H) _____

(C) _____

For MINORS only: Please complete the following!

Parent 1:

Parent 2:

Last Name: _____

Last Name: _____

First Name: _____

First Name: _____

Emergency Contact: _____

Phone: (H) _____

(C) _____