



NAFCON AMATEUR ATHLETIC WAIVER & RELEASE OF LIABILITY

READ BEFORE SIGNING

In consideration of being allowed to participate in the New Albany First Church of the Nazarene (NAFCON) Sand Volleyball (dba New Albany Sand Volleyball) and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) There is risk of injury from the activities involved in this program and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, HEREBY RELEASE AND HOLD HARMLESS New Albany First Church of the Nazarene their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors and advertisers used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

TEAM NAME: _____

Signature: _____ DATE SIGNED: _____

(Participant's Signature-Print Name Also)

Signature: _____ DATE SIGNED: _____

(Participant's Signature-Print Name Also)

Signature: _____ DATE SIGNED: _____

(Participant's Signature-Print Name Also)

Signature: _____DATE SIGNED:_____

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(Participant's Signature-Print Name Also)

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

_____ (Name of Under 18 participant)

_____ DATE SIGNED: _____
(Parent/Guardian Signature)

Emergency Phone Number: _ (_____) _____

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