

Printed Name _____ Team Name (or captain's name) _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

RELEASE OF LIABILITY

The undersigned hereby releases and forever discharges Salem Volleyball Association and Salem-Keizer Public Schools, its administrators, agents, assigns, and all other persons, firms, corporations and educational institutions, who it might be claimed to be liable, none of whom admit any liability from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever and particularly on account of all injuries known and unknown, both to person and property, which have resulted or may in the future develop from any accident which might occur as a result of any social, educational, athletic or any other event or activity sponsored by Salem Volleyball Association. The undersigned hereby declares that the terms of this settlement have been completely read and are fully understood and voluntarily accepted for the purpose of making a full and final compromise adjustment and settlement of any and all claims, stipulated or otherwise, on account of the injuries and damages above mentioned, and for the express purposes of precluding forever any further or additional claims arising out of any possible accident by the undersigned.

It is further agreed that the release expresses a full and complete settlement of liability, regardless of the adequacy of the aforesaid and that the acceptance of this release shall not operate as an admission of the liability on the part of anyone, nor as estoppel, waiver, or bar with respect to any claim the part or parties release may have against the undersigned.

This release is binding on my heirs, executors, assigns and administrators

This is a voluntary release for any and all future injuries or accidents. The undersigned is aware of the risks of attending, and participating in athletic and all other events and hereby assumes all risks. The risks include those foreseen and unforeseen, known and unknown.

I have read and understand all of the above.

Signature _____ (date) _____

PERSONAL CONDUCT AGREEMENT

I have read and understand the sportsmanship rules outlined in *2008-2009 USA Volleyball Domestic Competition Regulations*. I agree that I will be held to the highest standards of personal conduct. I also realize that I or **MY ENTIRE TEAM** may be dismissed for the remainder of the season if repeated offenses occur. If asked to leave during the first half of the season, a pro-rated amount may be refunded.

Personal conduct includes, but is not limited to:

- No swearing or outbursts (verbal and non-verbal), directed at anyone or no one
- No arguing
- No "trash-talking" or other verbal insults
- No threats to personal well-being (both verbal and non-verbal)

Further, I understand and agree to abide by the following rules:

- No tobacco, alcohol, or drugs allowed anywhere on school district grounds
- No children under the age of 18 allowed in the facilities without direct supervision by an adult
- No player, visitor, guest or any person connected with the SVA is allowed in any area except the gyms
- No pets allowed in the facilities

I acknowledge that the Salem Volleyball Association has the right to refuse service to anyone for any reason.

I have read and understand all of the above.

Signature _____ (date) _____

Official Use Only: Payment Amount _____ Payment Date _____ Check # _____