WAIVER FORM

Platinum Sports San Antonio

I, the undersigned, recognizing the potential for injury while playing volleyball, i.e. participating in camps, leagues or tournaments, agree to release from liability Platinum Sports San Antonio, and its members as well as Mission Concepcion Sports Park, and affiliates, the staff, city, and the State of Texas should I sustain any injury while involved in the volleyball play event. I also give permission to Platinum Sports San Antonio to use any and all photographs/video taken of me for posting to their website or any printed materials. I hereby waive any rights or interests that I might have in any or all images. I also acknowledge that Platinum Sports San Antonio or Mission Concepcion Sports Park is not responsible for any damage, theft, or loss of my personal property or vehicles.

ROSTERS MUST BE COMPLETE BY THE END OF 2ND WEEK OF PLAY.

LEAGUE: Coed Reverse Coed Women's Men's

TEAM NAME: _____ DATE: _____

1._____/_____/ _____
Print TEAM CAPTAIN NAME SIGNATURE Tee Size

2._____/_____/ _____
Print PLAYERS NAME SIGNATURE Tee Size

3._____/_____/ _____
Print PLAYERS NAME SIGNATURE Tee Size

4._____/_____/ _____
Print PLAYERS NAME SIGNATURE Tee Size

5._____/_____/ _____
Print PLAYERS NAME SIGNATURE Tee Size

6._____/_____/ _____
Print PLAYERS NAME SIGNATURE Tee Size

7._____/_____/ _____
Print PLAYERS NAME SIGNATURE Tee Size

8._____/_____/ _____
Print PLAYERS NAME SIGNATURE Tee Size

9._____/_____/ _____
Print PLAYERS NAME SIGNATURE Tee Size

10._____/_____/ _____
Print PLAYERS NAME SIGNATURE Tee Size

11._____/_____/ _____
Print PLAYERS NAME SIGNATURE Tee Size

12._____ /_____/ _____
Print PLAYERS NAME SIGNATURE Tee Size