



CGVA Individual Registration & Waiver Form – Spring 2010 Leagues

Please Print Legibly!

League Location (check one): ☐ Inverness Sports Complex (Tuesdays) ☐ University Of Denver (Fridays)

First Name: _____ Last Name: _____ Birth Date (MM/DD/YYYY): _____

Gender: ☐ M ☐ F Email: _____

Primary Phone #: _____ 2nd Phone #: _____ 3rd Phone #: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

In Case of Emergency Contact:

First Name: _____ Last Name: _____ Phone #: _____

Contacting you:

☐ I prefer that CGVA exclude me from any physical mailings.

☐ I prefer that my last name be excluded from the website and only my first name and last initial be used.

How did you find out about this league (select only one):

☐ Bulletin Board ☐ Email ☐ *OutFront* Advertisement ☐ PrideFest Booth
☐ CGVA Website ☐ Friends ☐ Poster ☐ U.S. Mail ☐ Other _____

My NAGVA Rating is (if known): ☐ AA ☐ A ☐ BB ☐ B ☐ C

My Adult T-shirt Size is: ☐ Small ☐ Medium ☐ Large ☐ XL ☐ XXL

RELEASE OF LIABILITY AND AUTHORIZATION FOR EVENT PROMOTION

This release and authorization is for the CGVA leagues occurring at The Inverness Sports Complex, 82 Inverness Dr. E., Englewood, Colorado 80112 from January 5, 2010, through April 6, 2010) and at Gates Field House, University of Denver, 2201 E. Asbury Ave., Denver, Colorado 80208 from January 8, 2010 through April 9, 2010.

KNOW ALL PERSONS BY THESE PRESENTS that I, the undersigned, intending to be legally bound, and being of lawful age, do hereby for myself and for my heirs, executors, administrators, successors, and/or assigns agree to release, remise, acquit, hold harmless, and forever discharge the Colorado Gay Volleyball Association ("CGVA") and its agents, officers, directors, board members, other members, tournament directors, league directors, sponsors, event sites, supporters, servants, successors, heirs, executors, and/or other associates or affiliates, and all other persons, firms corporations, or partnerships acting on behalf of or related to CGVA or the above event, for and from any and all claims, causes of actions, demands, rights, and damages, including medical expenses, pain, suffering, loss of income or work, services, expenses, and/or other claims related to property loss or personal injury regarding any participation by me in the above referenced function. I also understand that any and all participation is performed solely at my own risk and is not the responsibility of CGVA or its agents, officers, directors, board members, other members, tournament directors, league directors, sponsors, event sites, supporters, servants, successors, heirs, executors, or other associates or affiliates, and all other persons, firms corporations, or partnerships acting on behalf of or related to CGVA. I also certify that I am physically fit, and have not otherwise been informed or advised by a physician or other health care provider not to participate in activities such as the above named event. I acknowledge that I am aware of the risks inherent to volleyball, including possible permanent disability or death, and agree to assume all of those risks. I further agree to abide by and be governed by the rules and regulations for this event.

I further agree to be filmed, photographed, taped, quoted, or otherwise mentioned, without compensation, by CGVA or anyone authorized by CGVA. This includes but is not limited to any official or other authorized photographer, writer, host, or sponsor of the above referenced event, under conditions authorized by CGVA. I hereby give CGVA and anyone authorized by CGVA the right to use, without compensation, my name, picture, likeness, quotes, and biographical information, whether audio or visual, before, during, and after the period of my individual or team participation in the above referenced event.

By signing below, I acknowledge that I have read, understand, and agree without exception to the contents of this Release of Liability and Authorization for Event Promotion. I further represent that I am at least 18 years of age and competent to execute this document.

Signature: _____ Date: _____

Forms and checks may only be brought to advertised registration nights. No Mail-In registrations will be accepted.

FOR CGVA USE ONLY

Registrar Initials: _____ Date (MM/DD/YYYY): _____ Notes: _____

Data Entry Initials: _____