

CGVA Individual Participant Waiver Form Fall 2008 and Spring 2009 Leagues



Please Print Legibly!

League Location (check one or both): ☐ Bladium Sports Club ☐ University Of Denver

First Name: _____ Last Name: _____ Birthdate (MM/DD/YYYY): _____ Gender: ☐ M ☐ F

Email: _____

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

Address Line 1: _____ Address Line 2: _____

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 (check only one):

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

What is your NAGVA Rating? _____

- ☐ I would like to volunteer for a CGVA sponsored/hosted event! (We will contact you via email for volunteer opportunities.)

RELEASE OF LIABILITY AND AUTHORIZATION FOR EVENT PROMOTION

This release and authorization is for the CGVA leagues occurring at Bladium Sports Club, 2400 Central Park Blvd., Denver, Colorado 80238 from August 12, 2008 through December 16, 2008 and January 6, 2009 through April 7, 2009) and at Gates Filed House, University of Denver, 2201 E. Asbury Ave., Denver, Colorado 80208 from August 15, 2008 through December 12, 2008 and January 9, 2009 through April 17, 2009.

KNOW ALL PERSONS BY THESE PRESENTS that the undersigned, intending to be legally bound, and being of lawful age, do/does 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, or other associates or affiliates, and all other persons, firms corporations, or partnerships acting or related to CGVA or the above event, for and from any and all claims, causes of actions, demands, rights, damages, including medical expenses, pain, suffering, loss of income or work, services, expenses, or other claim related to property loss, or personal injury regarding any participation by the undersigned in the above referenced function. The undersigned also understands 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 or related to CGVA. The undersigned also certifies that he/she is physically fit, and had 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 in 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.

Authorization for event promotion: The undersigned agrees 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 the conditions authorized by CGVA. The undersigned hereby gives 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 the undersigned person's individual or team participation in the above referenced event.

The undersigned hereby acknowledges having read the entire foregoing Release of Liability and Authorization for Event Promotion, and that the undersigned understands and agrees to its contents without exception. The undersigned further represents that he/she is over the age of 18 years and competent to execute this document.

Signature: _____ Date: _____

**Forms and checks may be mailed to CGVA at: CGVA, PO Box 18576, Denver, CO 80218-0576
or brought to advertised registration nights.**

FOR OFFICE USE ONLY

Date received (MM/DD/YYYY): _____ Registration type (check one only): ☐ Open play ☐ Event registration

Cash collected: \$ _____ Dollar off coupon collected: \$ _____ Check collected: \$ _____ Check # _____

Notes: _____ CGVA ID #: _____