



CGVA Individual Participant Waiver Form - Fall 2010 Leagues

Please Print Legibly!

League Location (check one): ☐ Bladium Sports Complex

First Name: _____ Last Name: _____ Birthdate (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 (check only one):

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

What is your NAGVA Rating? (Circle one, if known): AA A BB B C

My Adult T-shirt Size is (Circle one): 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 August 25, 2009 through December 8, 2009) and at Gates Field House, University of Denver, 2201 E. Asbury Ave., Denver, Colorado 80208 from August 28, 2009 through December 11, 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 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: _____

<FORM TO DATA ENTRY IN BOX>

Data Entry Initials: _____