# 2019 EASTERSEALS / *CAI* VOLLEYBALL CHALLENGE
## WAIVER FORM

**Must be completed and turned in BEFORE or ON the day of the event**

TEAM NAME: _____ DATE: _____

BUSINESS / ORGANIZATION (IF APPLICABLE): _____

TEAM CAPTAIN'S NAME: _____

I, the undersigned, hereby Release and agree to Hold Harmless Easterseals Delaware & Maryland's Eastern Shore, the corporate sponsors, cooperating organizations, their representatives individually and collectively and any other parties, from and against any claims, demands and/or liabilities for any injuries, harm, loss, inconvenience or other damages resulting from or connected in any way to my participation in the Volleyball Challenge. I have been advised of and acknowledge the inherent risks of injury involved in this athletic activity and hereby represent that I am physically capable of participating in this event, that any equipment I may use is in good repair and appropriate for the event, that I will observe all applicable rules and conduct myself in a safe and prudent manner while participating. I hereby consent to and authorize emergency treatment in the event of injury or illness while participating in the event. I consent to and authorize Easter Seals Delaware & Maryland's Eastern Shore to use my name and any photographs taken of me during the event in any promotional materials and/or publications.

I CERTIFY THAT I HAVE READ THE RELEASE AND WAIVER AND UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY:

| PLAYERS NAME **PLEASE PRINT** | HOME ADDRESS | CITY / STATE / ZIP | DAYTIME PHONE | PLAYER'S SIGNATURE | SHIRT SIZE (M, L, XL, XXL) |
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***PLEASE NOTE*:** ALL PLAYERS MUST SIGN OR CANNOT PARTICIPATE. NAMES MUST BE LEGIBLE.