



Volleyball Waiver

In order to participate in any volleyball related session, league, party, or activity at Scene75 Entertainment Center, you (as identified below) acknowledge and agree to the following conditions:

I represent that I am the participant, parent or legal guardian of the participant named below. I agree that the participant named below shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions as conditions for participation. In addition, if I observe any hazard during participation, I will bring it to the attention of the nearest Scene75 Entertainment Center employee or official immediately.

I am aware of the inherent risks associated with participation in Scene75 Entertainment Center's volleyball programs, and I, on behalf of myself or the participant named below, knowingly and freely assume all such risk, both known and unknown, including those that may arise out of the negligence of other participants; I understand participation in athletic activities, by their inherent nature, may have an element of hazard or danger, and I take full responsibility for my actions and physical condition.

I, for myself and the participant named below, and our respective heirs, assign administrators, personal representatives, and next of kin, hereby release and hold harmless Scene75 Entertainment Center and its affiliates, officers, members, agents, employees, other participants, and sponsoring agencies from and against any and all claims, injuries, liabilities or damages arising out of or related to our participation in any and all of Scene75 Entertainment Center volleyball programs and activities (including attorney's fees, medical and ambulance costs); in case of emergency, I grant permission for emergency medical treatment;

I am a member of the below named volleyball team and as a participant will abide by all the rules, regulations, and policies set forth by Scene75 Entertainment Center.

My signature indicates that I have read and understand the information contained above. This form shall be considered valid until cancelled or changed in writing by the undersigned participant or guardian.



Team Name: _____

Participant Name: _____

Participant DOB: _____

Participant Email: _____

Participant Address (including city, state, zip):

Emergency Contact Name: _____

Emergency Contact Number: _____

Participant/Guardian Signature: (By signing on the line below you are providing your signature, agree to all of the terms and conditions listed above, and verifies all of the information provided in this form is accurate and correct) *

_____ **Date:** _____