THIS IS A RELEASE

INSTRUCTIONS

1. *Applicants age 18 and over, must sign roster.*
2. *Applicants under age 18 must have parent or guardian must sign roster.*

AMATEUR ATHLETIC

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the **KEYSTONE STATE GAMES, INC.** athletic/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE **KEYSTONE STATE GAMES, INC.**, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
5. I, the undersigned declare on my honor that I am an amateur and agree to follow the rules of the Keystone State Games, obey my coach(es)/team leader(s), tournament officials, and directors. I am in good physical condition and have no disease or injury that would impair my doing my best in competition.
6. I hereby authorize any first aid, medication, medical treatment, or surgery deemed necessary in case of an emergency. I also authorize the attending medical personnel to execute on my behalf any permission forms and other appropriate medical documents and act on my behalf if I am not immediately available to do so.
7. I hereby consent to allow my picture or likeness to appear in any official document, sponsor advertisement, and/or exclusive television coverage of the Keystone State Games in any manner incidental to my participation in the Keystone State Games without compensation to me.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Team Name

Team Contact Name (print)

Team Contact Signature

Street, City, State And Zip (Please Print)

Home Phone

Cell Phone

Email Address

Date

2010 Keystone State Games Volleyball Roster and Release

Team Name

_____

Division:

Female ❒ 14 & Under ❒ 16 & Under ❒ 18 & Under

Male ❒ 18 & Under

1) Each player should read the statement on the opposite side before completing and signing this roster.

2) Parents/Guardians signature should be on the same numbered line below as the player's name, if player is under 18 years of age.

By initialing in the column below, you acknowledge you have read and understand the liability waiver information on reverse side.

	Print Player's Name	Date of Birth	Age	County	Player or Parent/Guardian Signature	Initials
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						