

2017 JD LEGENDS VOLLEYBALL WAIVER

I am a member of the above named team and as a participant will abide by all the rules, regulations and policies set forth by JD Legends. I understand participation in athletic activities may have an element of hazard or inherent danger, and I take full responsibility for my actions and physical condition. I hereby for myself and my heirs agree to indemnify and hold JD Legends and its employees harmless from any liability, loss, cost or expense (including attorney's fees, medical and ambulance costs) that may occur while participating. In case of emergency, I give my permission for emergency medical treatment. This form shall be considered valid until cancelled or changed in writing by the undersigned participant/parent/guardian.

MY SIGNATURE INDICATES THAT I HAVE READ AND UNDERSTAND THE INFORMATION CONTAINED ABOVE.

- | | |
|----------|-----------|
| 1. _____ | 7. _____ |
| 2. _____ | 8. _____ |
| 3. _____ | 9. _____ |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

Team Captain's Signature
Verifying Authenticity of Waivers: _____ Date _____