

POWERZONE MEMBERSHIP - RELEASE OF LIABILITY AGREEMENT Please select one:

Welcome to PowerZone! We promise that we will never sell, give, or release your information to any third parties. Basic One Day

Last Name										First Name									
Phone (Day / Eve) Circle one					Ext					Phone (Day / Eve) Circle one					Ext				
Address																			
City										ST					Zip				
Email																			

In consideration of being allowed to participate in any PowerZone event the undersigned acknowledges, appreciates and agrees that:

- The risk of injury from the activity involved 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
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation; and 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
- I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY RELEASE AND HOLD HARMLESS PowerZone Volleyball, 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, to the fullest extent permitted by law.

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.

Signature: _____ Date: _____
 Emergency Contact: _____ Phone: _____
 (PSM: _____ PID: _____ Date: _____)



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