



Summer 2024 Volleyball League Liability Release

All team captains are required to have the members of your team read and sign the below release. Please send the signed release along with your check to:

Evolutions Volleyball
89 Armour St
Long Beach NY 11561
516-637-6542

Name	Address	Email	Signature
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____

Release: in consideration of accepting this entry, I, by, my signature, intending to be legally binding, hereby, for myself, my heirs, executors and administrators, waive and release any and all rights and claims for losses and damages I may have against the City of Long Beach, Evolutions, the officials and all other parties and their representatives, successors, and assigns for any and all injuries suffered by me in said event. I attest and verify that I am in good health and have no physical condition that would prevent me from participation in this event. Once the league has started there will be no refunds for forfeitures. I have read and understand the forgoing

Date: _____ Captains Signature: _____