

*****PLEASE INCLUDE ALL TEAM MEMBERS ADDRESSES*****

Release of Liability/Team Roster

I hereby release the Village of Fairgrove, Michigan Bean Festival and all persons associated with the Michigan Bean Festival Volleyball Tournament from all responsibility in the event that I or my Child are injured as a result of participating in this tournament. I take full responsibility for my or my child's actions during this event and understand that there is a risk of physical injury and agree to assume the full risk of any injuries or loss which I or my child may sustain as a result of my own or my child's participation. **If player is under 18yrs old Parent or Legal Guardian must sign waver.**
(Please add Parents/Guardian phone number)

Team Name _____

PLAYERS

1) Name: _____ Signature _____

Age: _____ DOB _____ Address: _____

City: _____ State: _____ Zip: _____

2) Name: _____ Signature _____

Age: _____ DOB _____ Address: _____

City: _____ State: _____ Zip: _____

3) Name: _____ Signature _____

Age: _____ DOB _____ Address: _____

City: _____ State: _____ Zip: _____

4) Name: _____ Signature _____

Age: _____ DOB _____ Address: _____

City: _____ State: _____ Zip: _____

5.) Name: _____ Signature _____

Age: _____ DOB _____ Address: _____

City: _____ State: _____ Zip: _____