

Individual Player Nomination Form

Full Name: _____

Gender: Male / Female / Other Date of Birth : _____

Mobile: _____ Email: _____

Are you part of an existing team or a team that has been nominated? Yes / No

If Yes, which team?: _____

If No, are you willing to be a team captain? Y N

WAIVER AND RELEASE OF LIABILITY

In agreeing to participate in the on Fremantle Volleyball Club Social Volleyball Competition I agree as follows:

I fully understand and acknowledge that (a) the Fremantle Volleyball Club Social Volleyball Competition has inherent risks, dangers, and hazards; (b) my participation in this competition may result in injury or illness including, but not limited to bodily injury, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability; and (c), I hereby assume all risks and dangers and all responsibility for any losses and/or damages caused by my participation in the Fremantle Volleyball Club Social Volleyball Competition.

By signing this form I, on behalf of myself, my personal representatives and my heirs, hereby voluntarily agree to release, waive, discharge, hold harmless, defend, and indemnify The Fremantle Volleyball Club and all its employees from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my participation in this competition. I specifically understand that I am releasing, discharging, and waiving any claims or actions that I may have presently or in the future.

I understand and agree that I am responsible for informing the Fremantle Volleyball Club of any pre-existing medical conditions or injuries that may affect my ability to participate in the program. I agree to immediately inform the Fremantle Volleyball Club if, during the course of this program, I develop any medical conditions or injuries.

I authorise the Fremantle Volleyball Club to take, use, and publish photographs of me or through any medium and in the media for the purpose of advertising or promoting the club and its activities.

I authorise the Fremantle Volleyball Club to share my contact details with my team captain.

PARTICIPANT'S SIGNATURE: _____ DATE:

PARENT/GUARDIAN SIGNATURE: _____ DATE:

As a Parent or Guardian of the named participant, by signing below I confirm that I am legally authorised to agree to this waiver on their behalf. (If under 18 years old, Parent or Guardian must also sign.)

Please email this form completed to competition.fremantlevc@gmail.com