

HUB Sports Center – Coed 4's Volleyball League

WAIVER OF LEGAL RIGHTS AND REMEDIES:

THE PARTICIPANT FULLY RECONGNIZES AND UNDERSTANDS that a recreational facility presents certain risks to the participant and that the participant's presence at the facility is inherently dangerous.

THE PARTICIPANT FULLY RECOGNIZES AND UNDERSTANDS that they may have certain legal rights and remedies with respect to injuries incurred while the participant is at the facility.

THE PARTICIPANT INTENDS AND DOES HEREBY VOLUNTARILY RELINQUISH AND ABANDON any and all legal rights and remedies the participant might have or acquire against the Spokane Valley HUB, its officers, directors, and employees for any injuries the participant incurs while at the facility. The participant expressly acknowledges that this release of any and all legal rights and remedies will apply to any injuries that the participant may sustain as a result of any acts including acts of negligence of the Spokane Valley HUB, its officers, directors, and employees. This waiver and release shall apply to injuries resulting or in part from negligence on the part of the Spokane Valley HUB, its officers, directors, and employees.

THE PARTICPANT FULLY RECOGNIZE AND UNDERSTANDS that this voluntary waiver of legal rights and remedies covers and includes injury or injuries the participant incurs while at the facility for any purpose whatsoever. This includes, but is not limited to facility use.

THE PARTICIPANT HAS CAREFULLY READ THIS DOCUMENT, UNDERSTANDS ITS PURPOSE AND CONTENTS; HAS HAD THE OPPORTUNITY TO DISCUSS THIS WAIVER WITH A REPRESENTATIVE OF THE SPOKANE VALLEY HUB. THE PARTICIPANT HEREBY REAFFIRMS THEIR INTENTION TO WAIVE THEIR LEGAL RIGHTS AND REMEDIES AGAINST THE SPOKANE VALLEY HUB, ITS OFFICERS, DIRECTORS, AND EMPLOYEES FOR ANY INJURIES THE PARTICIPANT SUSTAINS, INCLUDING ANY INJURIES RESULTING FROM THE NEGLIGENCE OF THE SPOKANE VALLEY HUB, ITS OFFICERS, DIRECTORS, AND EMPLOYEES BY SIGNING BELOW.

Team Name: _____ Team Rep: _____

Phone: _____ e-mail: _____

Address: _____ City: _____ Zip: _____

Asst. Team Rep: _____ Phone: _____ e-mail: _____

Division: (Please circle one) **A** **B**

Last Name, First (Print): _____	Signature: _____
Address: _____	City/Zip: _____ Phone: _____
Last Name, First (Print): _____	Signature: _____
Address: _____	City/Zip: _____ Phone: _____
Last Name, First (Print): _____	Signature: _____
Address: _____	City/Zip: _____ Phone: _____
Last Name, First (Print): _____	Signature: _____
Address: _____	City/Zip: _____ Phone: _____
Last Name, First (Print): _____	Signature: _____
Address: _____	City/Zip: _____ Phone: _____