

# UNITED VOLLEYBALL LEAGUE

Sunday Competitive Co-ed Volleyball

Father Michael McGivney Catholic Academy · 5300 14<sup>th</sup> Avenue · Markham · ON · L3S 3K8  
(NE Corner of 14<sup>th</sup> Ave & McCowan Rd)



## United Volleyball League Team Waiver Form

### ACKNOWLEDGEMENT, WAIVER, RELEASE, COVENANT NOT TO SUE & INDEMNITY AGREEMENT

I agree to the terms of this acknowledgement, waiver, release, covenant not to sue and indemnity agreement as set forth herein;

1. I acknowledge and understand that participation in the United Volleyball League (UVL) involves certain risks and dangers of accidents, serious personal, bodily injury and/or property damage. I understand, have considered and evaluated the nature, scope, and extent of the risks involved, and I voluntarily and freely choose to assume these risks. I agree to accept any such risks of injury, death and/or property damage.
2. I fully and forever waive, release, absolve, indemnify and agree to hold harmless the UVL, it's members, officers, directors, employees, volunteers, agents or any other representative of the UVL (collectively, the "Released Parties") against any and all losses, damages, injuries, howsoever occurring, whether by negligence or otherwise, (including death) claims, demands, lawsuits, expenses (including legal fees and disbursements), and any other liability of any kind, of or to me or any other person, directly or indirectly arising out of or in connection with my participation in and attendance at the UVL, including, without limitation, transportation related to the UVL.
3. I agree not to initiate any lawsuit, court action or other legal proceeding against the Released Parties, nor join or assist in the prosecution of any claim for money damages which anyone may have, on account of loss, damage, or injury sustained by me or others, howsoever occurring, whether by negligence or otherwise, in connection with my participation in and attendance at the UVL, and I waive any right I may have to do so. This means that I cannot sue to hold the Released Parties responsible for any loss, damage, or injury that I may experience related to the UVL including, without limitation, transportation related to the UVL.
4. In the case of injury or illness, I give my consent to emergency transportation and the administration of first aid, medical and/or dental treatment. I accept responsibility for the payment of any emergency transportation, treatment expenses and any related or subsequent medical and/or dental bills.
5. Any photographs/video taken while participating in any program, recreational activity, or event are the property of the UVL and may be used at their discretion.
6. I understand that my conduct, if deemed inconsistent with the rules of good sportsmanship and fair play or the UVL Policies, may result in my expulsion from all UVL programs.
7. This waiver will cover all participation in any said UVL event for a period of no more than 1 year from the day it is dated and signed.

**I have fully read this document, understand its meaning and legal impact thereof, prior to signing my name below. I voluntarily, of my own free will and without distress or coercion sign this acknowledgement, waiver, release, covenant not to sue and indemnity agreement. I agree to fully read the UVL Policies, understand its meaning and agree to abide by all things covered.**

| Player Name (Please Print) | Player Signature | Date |
|----------------------------|------------------|------|
| 1.                         |                  |      |
| 2.                         |                  |      |
| 3.                         |                  |      |
| 4.                         |                  |      |
| 5.                         |                  |      |
| 6.                         |                  |      |
| 7.                         |                  |      |
| 8.                         |                  |      |
| 9.                         |                  |      |
| 10.                        |                  |      |

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## TEAM EMERGENCY CONTACT FORM

Please have each team member, including the captain, complete, date and sign the following contact information form and waiver. By signing, each team member confirms that their personal and emergency contact information is correct and they willingly agree to abide by all United Volleyball League policies.

| Team Member Name | Contact Info     | Emergency Contact             | Signature | Date |
|------------------|------------------|-------------------------------|-----------|------|
| 1.               | Phone:<br>Email: | Name: Relationship:<br>Phone: |           |      |
| 2.               | Phone:<br>Email: | Name: Relationship:<br>Phone: |           |      |
| 3.               | Phone:<br>Email: | Name: Relationship:<br>Phone: |           |      |
| 4.               | Phone:<br>Email: | Name: Relationship:<br>Phone: |           |      |
| 5.               | Phone:<br>Email: | Name: Relationship:<br>Phone: |           |      |
| 6.               | Phone:<br>Email: | Name: Relationship:<br>Phone: |           |      |
| 7.               | Phone:<br>Email: | Name: Relationship:<br>Phone: |           |      |
| 8.               | Phone:<br>Email: | Name: Relationship:<br>Phone: |           |      |
| 9.               | Phone:<br>Email: | Name: Relationship:<br>Phone: |           |      |
| 10.              | Phone:<br>Email: | Name: Relationship:<br>Phone: |           |      |