



CITY OF UTQIAGVIK

"Farthest North Incorporated City"

2018 Inuit Day Volleyball Tournament Waiver

Name: _____

Email Address: _____

Mailing Address: _____

City: _____

State: _____

Zip code: _____

Home Phone: _____

Cell Phone: _____

I, _____, a participant, understand and accept that there are risks of physical injury as a participant in this program and I assume all risks and hazards incidental to such participation and I do hereby waive, release, absolve, and agree to hold harmless the City of Utqiagvik and any other sponsoring/coordinating organization; their agents or representatives for any and all injuries sustained by me as a participant in this program. I also understand and accept that the program does not provide any insurance coverage and no benefit(s) will be provided for medical costs associated with player injuries.

Responsibility for Sportsmanship:

I accept responsibility to play within the rules of the sport. I understand that intimidating and abusive behavior such as fighting; flagrant swearing and personal insults are violations of league rules and subject to penalty or suspension regardless of action taken by floor officials during the game.

Printed Name

Signature

Date

For Recreation Department Use

Waiver Completed: Fee Paid Team Name _____

Notes: _____

Reviewed By: _____