

**POLONIJNA LIGA SIATKOWKI (PLS) CHICAGO - Participant Waiver Form**  
(All participants must complete)

I, \_\_\_\_\_, being at least 18 years of age and in good physical condition, hereby understand and acknowledge that the sport of Volleyball is extremely hazardous and that the risk of injury engaging in this sport is high. I further understand and acknowledge that by engaging in the sport of Volleyball at PLS CHICAGO events, I subject myself to risk of injury, whether through my own negligence, through the negligence of another player, through the negligence of an agent or representative of PLS CHICAGO, or through purely accidental means.

I understand the types of risks to which I am subjecting myself by engaging in the sport of Volleyball at PLS CHICAGO. Possible risks include:

- Injuries from any manner of fall while at the gym;
- Injuries from contact with any equipment or material used in the sport of Volleyball;
- Injuries from contact with other persons engaged in the sport of Volleyball at the gym.

I understand that the above list is not all inclusive and that by participating at events organized by PLS CHICAGO, I could be injured in some way not listed above. In recognition of all the above, and in consideration of my use of facilities and programs, I hereby assume all risk of injury and I release, discharge and hold PLS CHICAGO, harmless from any liability resulting from injuries suffered by me arising out of my use, whether proper or improper, of the equipment. Further I voluntarily waive all rights to bring legal action against PLS CHICAGO or any of its agents or employees, for any cause related to my use of its programs or facilities.

By signing this release, I expressly state that I have read this document and that I fully understand and accept its contents.

_____ Name of Player/Participant/Member [PRINT]	_____ Date of Birth	_____ Home Phone
_____ Signature	_____ Today's Date	_____ e-mail
_____ Street Address	_____ City and State	_____ Zip Code