



**3RD ANNUAL COED VOLLEYBALL TOURNAMENT FUNDRAISER
BENEFITTING LOUISVILLE LEOPARD VOLLEYBALL**

Saturday, June 9, 2018 at 9:00 A.M.

- Purpose:** Have fun, play some coed volleyball and raise funds to support the Louisville Volleyball Program.
- Location:** **Louisville High School: 1201 S. Nickelplate, Louisville, OH 44641**
- Enter the parking lot off of Nickelplate. Gym entrance is on the south side of the building, **Door 3**.
- Entry Fee:** **\$25.00 a person,**
\$150.00 a team
- Payment reserves your spot in the tournament and is **due by June 1st**.
 - Checks can be made out to: *Louisville Volleyball*
 - Payments can be mailed to: *Louisville Volleyball, 2119 Monter Ave., Louisville, OH 44641*
- Deadline:** **Players wishing to participate should email their team information:**
(Team Name, Captain's Name, email and phone number and Division) to...
- **Louisville Varsity Volleyball Coach Jodie Cress at cress@lepapps.org**
 - **Assistant Varsity Coach Barb Kennedy at Kennedy.Barb@hotmail.com**
- Teams:** You must have at least 2 girls on your team. We will take up to 12 teams. There will be an A and a B division. Anyone, over 18, at any playing level is welcome to enter a team.
- Concessions:** There will be a concession stand available.
- Format:** Round-robin play and a single elimination tournament. Each team is guaranteed a minimum of five games. Top 4 teams from each division will advance to playoffs.
- Waiver:** All players **MUST** sign the attached waiver before participating. **No player will be permitted to play without first signing a waiver.**
- Start:** Tournament starts **promptly at 9:00 AM!**
- Registration will begin at 8:30 AM.
- Schedules:** Schedules will be made available as soon as possible after the registration deadline.

NO ALCOHOLIC BEVERAGES ALLOWED



ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I, as a condition to participating in any manner in the June 9, 2018 Volleyball Fundraiser to benefit the Louisville Leopard Volleyball Program (“Event”), state and agree as follows. I understand the physical nature and demands of the Event and represent that I am qualified, in good health and proper physical condition to participate in the Event. I acknowledge that if I believe the Event conditions are unsafe, I will immediately discontinue participation.

I further understand that there are risks associated with the Event, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the Event, the conditions in which the event takes place, or the negligence of the Releasees identified below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibilities for losses, costs and damages I incur as a result of my participation in the Event.

For myself, my spouse, my family and my executors, administrators, heirs, next of kin, successors, and assigns: (A) I WAIVE, RELEASE, AND DISCHARGE from all liability of any kind for losses, expenses, medical costs, personal injury or death and/or claims of any nature, whether caused in whole or in part by Releasee’s negligence, the following: All board members, administrators, teachers, employees, coaches, and students of the Louisville City Schools of Stark County, as well as all Event volunteers, participants and organizers, as well as anyone else otherwise affiliated with the Event (“Releasees”), and any insurer or bonding agency issuing insurance or bonds on the behalf of the Releasees; (B) I SHALL DEFEND, INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Releasees as a result of participating in the Event, including but not limited to paying all legal fees, costs and other expenses incurred defending such claims, and (C) I ASSUME LIABILITY FOR ALL DAMAGES caused by my acts or omissions to other persons or property while participating in the Event.

This document shall be construed as broadly possible to the maximum extent permissible under Ohio law. In signing this release, I acknowledge and represent that I HAVE READ THE FOREGOING Accident Waiver and Release of Liability Form, UNDERSTAND THAT I AM WAIVING SUBSTANTIAL LEGAL RIGHTS AND SIGN IT VOLUNTARILY.

In consideration of the rights and privileges granted to me by participating in the Louisville Volleyball Summer Tournament, by signing this form, I certify that

1. I have read and understand the Wavier and Release of Liability;
2. I understand that I have given up substantial rights
3. I am at least eighteen years old;
4. I agree and consent to abide by the Waiver and Release of Liability set forth herein

(Signature of Participant)

(Printed Name of Participant)

(Date)

(Email of Participant)

(Team Name or Captain’s Name)