

**Contact Information**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Primary #: \_\_\_\_\_  
Age: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Emergency Phone #: \_\_\_\_\_

**Division (circle one)**

- Women’s Open
- Women’s A Division
- Men’s Open
- Men’s A Division
- Co-Ed Open
- Co-Ed A Division
- 18 & Under Girls

**Payment**-Make checks payable to  
Lobo Volleyball  
Advanced registration \$15.00  
April 29<sup>th</sup> \$20.00

**Medical Information**

Name \_\_\_\_\_  
Past Injuries: \_\_\_\_\_  
Medications: \_\_\_\_\_  
Allergies: \_\_\_\_\_ Insurance Company \_\_\_\_\_  
Insurance Address: \_\_\_\_\_  
Name of Policy Holder: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Preferred Physician: \_\_\_\_\_

**Waiver**

In consideration of my participation in the Lobo Volleyball Grass Bash, I hereby release the Lobo Volleyball, University of New Mexico, Johnson Center, and any of their employees and instructors from any and all present and future claims resulting from negligence of the above parties for property damage, person injury, or wrongful death that may result from my participation in all activities associated with the Lobo Volleyball Grass Bash. I understand and am aware of the inherent risks that are included in the sport of volleyball. I know that these risks include but are not limited to: sprains, broken bones, cuts, bruises, head and spinal injuries, and in extreme cases, death or paralysis. I have signed the Medical Release Form and understand that Lobo Volleyball administrators will act in my best interest in the event of a medical emergency and that I will be responsible for all expenses included in the transportation or treatment of my child or myself. I am voluntarily participating in all activities associated with the Lobo Volleyball Camp with the knowledge, understanding, and appreciation of the dangers that participation may create. Additionally, I agree to accept any and all inherent risks of property damage, personal injury, or death. As a participant in the Lobo Volleyball Grass Bash, I agree to abide by all rules posted and verbal and to avoid all activities where I may cause injury to others or myself. I also agree to notify a Lobo Volleyball camp instructor of any aspect of the tournament, which seems dangerous to others or myself. I further agree to indemnify and hold harmless the Lobo Volleyball Grass Bash and any others listed for any and all claims arising as a result of my participation in the Lobo Volleyball Camps. I affirm that I have read this form and fully understand that by signing this form, I am giving up legal rights and remedies which may be available to me for the ordinary negligence of the Lobo Volleyball Grass Bash or any parties listed above. I further affirm that I am of legal age and I am freely signing this agreement.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_