

NSAA COED ADULT VOLLEYBALL - 2017

PLEASE COMPLETE THIS REGISTRATION FORM, INCLUDING SIGNING THE RELEASE BELOW, AND MAIL WITH YOUR \$50.00 CHECK PAYABLE TO NSAA TO:

NSAA - PO BOX 478 - SLATERSVILLE, RI 02876

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

E-MAIL _____

FEE IS \$50.00 PER PERSON.

Spouses may play on the same team but all others will be assigned to a team of 10. Our main goal is to create teams of equal ability. THIS LEAGUE IS OPEN TO NORTH SMITHFIELD RESIDENTS AND EMPLOYEES OF THE TOWN/SCHOOL DEPARTMENT ONLY. PARTICIPANTS MUST BE A MINIMUM AGE OF 25 YEARS OLD.

The undersigned (hereinafter "Participant") in exchange for participating in the **NSAA COED ADULT VOLLEYBALL**, hereby, on behalf of myself, heirs, executors, and administrators, release, waive, discharge and covenant not to sue the Town of North Smithfield, the North Smithfield Athletic Association, The Northmen Athletic Club, the North Smithfield School Department or any of its affiliates, employees, agents, sponsors, or volunteers (hereinafter referred to as "North Smithfield") from all liability to the Participant for any loss or damage, and any claim or demand therefore, on account of injury or death to Participant or his/her property, whether caused by the negligence of North Smithfield or otherwise. Participant hereby fully assumes the risk of bodily injury or death of the person of Participant or to the property of Participant, whether such injury or death be caused by the negligence, gross negligence of the Releasees or otherwise, suffered either during the event or while traveling to or from the event.

Notwithstanding any other provision of this Release and Waiver of Liability, Participant releases "North Smithfield", but no other Releasee, from any liability whatsoever arising from any injury, damage, or death to Participant where said injury, damage, or death is the result of, or arises from any intentional or criminal conduct upon the part of "North Smithfield" employee, agent or volunteer. Participant hereby assumes full responsibility for and risk of bodily injury to or death of Participant due to the negligence or gross negligence of Releasees and also releases "North Smithfield", but no other Releasee, from any and all liability for the intentional or criminal acts of its volunteers, agents, and/or employees while Participant participates in or travels to and from the event. Participant further expressly agrees that the foregoing release and waiver is intended to be as broad and inclusive as is permitted by the law of the State of Rhode Island, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Participant has read and voluntarily signs the Release and Waiver of Liability, and further agrees that no oral representations, statement or inducement apart from the foregoing have been made. Participant is aware that North Smithfield does not provide medical or any other type of insurance to participants.

SIGNATURE(S) _____

DATE _____