

# 2019 Fitz's Volleyball Liability/Roster Form

Night: S M T W TH Level: Bronze Lower Silver Upper Silver Gold

Team Name:

Team Captain:

Phone:

E-Mail:

ALL Players must sign this Liability/Roster Form **BEFORE PARTICIPATION!**  
FAILURE TO SIGN BEFORE PLAYING COULD RESULT IN A FORFEIT OF  
GAMES AND/OR MATCHES.

It is hereby understood that I am playing at my own risk and are personally responsible for injuries received during time of league play. I am financially responsible for my own injuries. I hereby waive all claims for injuries, disablements or costs of the same against Cedarvale Bowl Inc. I hereby state that I am 21 years of age.

Player Name	Phone	Signature
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____
6)	_____	_____
7)	_____	_____
8)	_____	_____
9)	_____	_____
10)	_____	_____