

Team Name: _____

Team Captain: _____



Liability Waiver

In consideration of acceptance of my entry into the Ronald McDonald House Charities Annual Volleyball Tournament on Saturday, June 10, 2023, I, for myself, fully and forever waive and release any and all rights and claims for any injuries and/or damages, resulting in unintended injury, and any other actions or demands whatsoever in nature, I may have against Ronald McDonald House Charities of Central Ohio, 711 E. Livingston Ave, Columbus, OH 43205. Further, I waive and release of liability all agents, employees, volunteers and sponsors acting for or on behalf of Ronald McDonald House Charities of Central Ohio. I am aware of the inherent risks involved in the event, and I voluntarily assume these risks.

As a condition of my participation in this event, I hereby grant Ronald McDonald House Charities of Central Ohio a limited license to use my name, likeness, image and/or video for the purpose of advertising or promoting the event and Ronald McDonald House Charities of Central Ohio. The foregoing does not constitute consent to use my likeness in an endorsement of any service without my written consent.

PLAYER 1

_____	_____	_____
(Name Printed)		(Signature)
_____	(_____) _____	_____/_____/_____ (Date of Birth)
(Email Address)	(Phone)	
_____	(_____) _____	
(Emergency Contact Name)	(Emergency Contact Phone)	

PLAYER 2

_____	_____	_____
(Name Printed)		(Signature)
_____	(_____) _____	_____/_____/_____ (Date of Birth)
(Email Address)	(Phone)	
_____	(_____) _____	
(Emergency Contact Name)	(Emergency Contact Phone)	

PLAYER 3

_____	_____	_____
(Name Printed)		(Signature)
_____	(_____) _____	_____/_____/_____ (Date of Birth)
(Email Address)	(Phone)	
_____	(_____) _____	
(Emergency Contact Name)	(Emergency Contact Phone)	

PLAYER 4

_____	_____	_____
(Name Printed)	(_____)	(Signature)
_____	_____	_____/_____/_____
(Email Address)	(Phone)	(Date of Birth)
_____	(_____)	
(Emergency Contact Name)	(Emergency Contact Phone)	

PLAYER 5 (Alternate)

_____	_____	_____
(Name Printed)	(_____)	(Signature)
_____	_____	_____/_____/_____
(Email Address)	(Phone)	(Date of Birth)
_____	(_____)	
(Emergency Contact Name)	(Emergency Contact Phone)	

PLAYER 6 (Alternate)

_____	_____	_____
(Name Printed)	(_____)	(Signature)
_____	_____	_____/_____/_____
(Email Address)	(Phone)	(Date of Birth)
_____	(_____)	
(Emergency Contact Name)	(Emergency Contact Phone)	