



West Valley JACL Volleyball League Membership Information

Private

Name: _____

Address: _____

City: _____ ZIP: _____

Phone: (Home) _____

(Work) _____

Email Address: _____

Emergency Contact: _____ Phone: _____

***Important Note:** West Valley JACL may publish your phone number and/or email information in the form of team rosters and other documents that may be available to the general membership. Please check the "Private" box to the right of the information you don't want published.*

I'm interested in helping with:

- | | | |
|--|---|---|
| <input type="checkbox"/> Volleyball League | <input type="checkbox"/> Volleyball Tournaments | <input type="checkbox"/> Picnics/ Social Activities |
| <input type="checkbox"/> WVJACL Activities | <input type="checkbox"/> Community Activities | <input type="checkbox"/> Anywhere I can help |

Comments _____

Important: This form is not complete until the waiver on the next page is read and signed

Waiver and Release of Liability

In consideration of being allowed to participate in any way in West Valley JACL related events and activities, the undersigned:

1. Agree that the participant should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise the gym attendant or a volleyball committee member of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction and negligence of others, or the condition of the premises or any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Carries their own health insurance and is 18 years of age or older.
5. Release, waive, discharge and covenant not to sue West Valley JACL, its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, owners and lessors or premises used to conduct the event, the City of San Jose, the City of San Jose Parks and Recreation Department, the City of Campbell, the Campbell Redevelopment Agency, the City of Mountain View, Foothill Community College District, all of which are hereinafter are referred to as "releases," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses, or damaged on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I have read the above waiver and release, understand that I have given up substantial rights by signing it and sign it voluntarily.

Participant's Name (print) : _____

Participant's Signature _____ Date _____