

Team Roster Form

Spring Coed Sand Volleyball Tournament

Friday May 1st @ 2:00PM UWSP Campus

*Return completed form to the Student Health Promotion Office, 004 lower Allen Center by Monday April 27th at noon. The first 8 teams to register get a **FREE T-SHIRT!** First 12 teams to return a completed roster form may participate.*

Team Name: _____

COST: FREE

Team Captain: _____ **Captain Phone #:** _____

Read Carefully and Sign Below

Whereas, I desire to participate in Sand Volleyball tournament sponsored by the Student Health Promotion Office at the University of Wisconsin Stevens Point on May 1, 2009. I hereby agree as follows: 1. I assume full legal and financial responsibility for my participation in this Sponsored Program. 2. I grant the University, its employees, agents and representatives the authority to act in any attempt to safeguard and preserve my health or safety during my participation in this Sponsored Program including authorizing medical treatment on my behalf and at my expense and returning me home at my own expense for medical treatment or in case of an emergency. 3. Accident and health insurance including medical evacuation insurance are recommended for my participation in this Program. I understand that the University encourages me to have appropriate insurance coverage for the entire time of this Sponsored Program. 4. I agree to conform to all applicable policies, rules, regulations and standards of conduct as established by the University. 5. I voluntarily indemnify and hold harmless the University of Wisconsin Stevens Point, the Board of Regents of the University of Wisconsin System (Board of Regents), their respective officers, employees, and agents from any and all liability, loss, damages, costs, or expenses (including attorney fees) arising out of my participation in the Program and which do not arise out of the negligent acts or omissions of an officer, employee, or agent of the University and/or Board of Regents while acting within the scope of their employment or agency. 8. I acknowledge that I have read this document and understand and accept its terms. Participation in this Program is completely voluntary.

Team Roster: Include team captain information

Student Name	Phone #	Student Signature <i>I have read and agree with the statement above</i>
1.		
2.		
3.		
4.		
5.		
6.		

As the captain of this team I certify that each player on the roster has read the rules of the game and has read and signed the hold harmless agreement.

Captain Signature: _____

Date: _____

Sponsored by Student Health Promotion Office
715-346-4271 004 Lower Allen Center