



USA Deaf Sports Federation Individual Membership Form

Membership Information: Membership requirements of the USA Deaf Sports Federation (USADSF)-Volleyball are established by its House of Delegates (HoD). All individuals who participate in volleyball events at local, regional or national levels or become members of their USA Volleyball are required to fill out this form, read and sign the *Waiver and Release of Liability* statement on the reverse side of this form, and pay their USADSF and Volleyball Participant Fee. The USADSF-Volleyball membership is good for one year from date of signature on reverse side of this form.

Please provide all information below and print clearly. Check for accuracy. No nicknames, please. **Information on this form is confidential and for USADSF-Volleyball's internal use only.** Thank you!

First Name **Initial**

Last Name **Birth date** (MM/DD/YY)/...../.....

Maiden Name, if any **Gender** **M / F** (circle one)

Street **Apt #**

City **State** **ZIP+4** -

Phone - Home (.....) - **Voice?** **Fax - Home** (.....) -

Phone - Work (.....) - **Voice?** **Fax - Work** (.....) -

Email Address **Do not share my info with 3rd parties:**

Volleyball Youth (Year 2016) \$ 10.00

Volleyball Adult (Year 2016) \$ 45.00

Make money order payable to: **USA Deaf Sports Federation**

Mail this form and fees to: **USADSF / Volleyball
PO Box 2193
Bowie, MD 20718-2193**

***** IMPORTANT NOTICE *****

All members, including non-athletes, as well as parent/guardian of members of minority age must read and understand the **Waiver and Release of Liability** statement as explained on the reverse side of this form and sign/date below its statement.

USA Deaf Sports Federation-Volleyball
Notice to Members and Parents/Guardians of Minors

WAIVER and RELEASE of LIABILITY

In consideration of being allowed to participate in any way in the **USA Deaf Sports Federation - Volleyball** program, and related events and activities, I, the undersigned:

1. Agree that prior to participating, I will **INSPECT** the facilities and equipment to be used, and if I believe anything is **UNSAFE**, I will immediately **ADVISE** my coach or supervisor of such condition(s) and **REFUSE TO PARTICIPATE**.
2. Acknowledge and fully understand that I 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 my own actions, omissions, or negligence but also the actions, inactions or negligence of others, the application of rules of a particular sport, or the condition of the premises or of any equipment used. Further, I acknowledge that there may be **OTHER RISKS** not known to me or not reasonably foreseeable at this time.
3. Assume all foregoing risks and **ACCEPT PERSONAL RESPONSIBILITY** for the damages following such injury, permanent disability or death.
4. **RELEASE**, waive, discharge and covenant not to sue the USA Deaf Sports Federation - Volleyball, its affiliated teams and organizations, their respective administrators, directors, agents, coaches, and other employees or volunteers of the organization, event officials, medical personnel, other participants, the parents/guardians of minor participants, supervisors and coaches, sponsoring agencies, sponsors, advertisers, and, if applicable, owners, lessors and leases of premises used to conduct the event, all of whom are hereinafter referred to as "Releasees", and **FROM ANY AND ALL LIABILITY** to me, my heirs and next of kin, administrators and assigns for any and all claims, demands, losses or damages on account of injury, including permanent disability and death and damage to property, caused or alleged to be caused in whole or in part by the intentional, reckless, or negligence conduct of the Releasees or otherwise.
5. Agree further that if, despite this Waiver and Release of liability, I and/or my minor child, or anyone on my and/or my minor child's behalf, makes a claim against any of the Releasees, I will indemnify, save, and **HOLD HARMLESS** each of the Releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.
6. Affirm that I, the participant, am at least 18 years of age, or, if I am under 18 years of age, I have obtained the required consent of my parent/guardian to participate in the stated activities, that they have full knowledge thereof, and that they join me in waiving my rights against the Releasees, as evidence by their signature below.
7. Certify that my participation in the stated activities is voluntary.
8. Agree that the terms of this liability release shall be construed according to the laws of the state of Maryland.

I HAVE READ THE ABOVE WAIVER AND RELEASE OF LIABILITY. I FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL LEGAL RIGHTS BY SIGNING IT, AND KNOWING THIS, SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I AGREE TO PARTICIPATE KNOWING THE RISK AND CONDITIONS INVOLVED AND DO SO ENTIRELY OF MY OWN FREE WILL.

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Printed Name of Participant Participant's Signature Date of Signature Date of Birth

**A PARENT/GUARDIAN SIGNATURE IS ALSO REQUIRED IF PARTICIPANT IS UNDER THE AGE OF 18:
FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release, as provided above, of all Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law.

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Printed Name of Parent/Legal Guardian Parent/Guardian's Signature Date of Signature