

# 2018 Netfest Volleyball

## 4 Person

**Commissioner:**

Scott Gray, 601-643-2336; sgray.insu327@insuremail.net

**Date:**

April 14, 2018 • Play begins at 9 a.m.

**Site:**

Meridian Community College  
910 Highway 19 North  
Meridian, MS 39307

**Entry Fee:**

\$55 per 4-person team; \$10/additional person

**Deadline:**

April 14, 2018, at 8:30 a.m.

**Events:**

Men A, B  
Women & Youth if enough participants sign up

**Divisions:**

Divisions based on number of teams entered.

**Format/Rules:**

Pool Play tournament. Open age and open gender. Divisions may be combined.  
Pre-register OR register on site at 8 a.m.; play begins at 9 a.m. No more than 6 players permitted.

Athlete #: \_\_\_\_\_

Date Received: \_\_\_\_\_

Confirmation:  Yes  No

Input: \_\_\_\_\_

T-Shirt:  Yes  No

Waiver:  Yes  No

Waiver:  Yes  No

**OFFICIAL  
USE ONLY**

**IMPORTANT! You MUST include the Individual Waiver Form with this registration.**

**TO ENTER**

Information: 1-800-482-0205 or [www.stategamesofms.org](http://www.stategamesofms.org)

PRINT clearly.

Send entry & check or money order to: State Games of MS, P.O. Box 5866, Meridian, MS 39302.

Sport: Volleyball—4 Person      Division: MEN  A  B      WOMEN  A  B       Youth

Team Name: \_\_\_\_\_

Partner's Names: #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth (mm/dd/yy): \_\_\_\_\_ Phone (w): \_\_\_\_\_ (h): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation: \_\_\_\_\_ **TOTAL ENCLOSED: \$ \_\_\_\_\_**

Entry Fee(s): \$ \_\_\_\_\_

Entry Fee(s):	\$ _____
<b>TOTAL ENCLOSED:</b>	<b>\$ _____</b>

# Team Waiver Form—Netfest 2018

## Release of All Claims & Covenant Not to Sue

Sport: \_\_\_\_\_

Team Name: \_\_\_\_\_

Coach: \_\_\_\_\_

**This form MUST be signed by every coach, athlete and legal guardian (if coach or athlete under the age of 18). Teams will not be allowed to compete unless this waiver is completed and matches the roster! NO EXCEPTIONS WILL BE ALLOWED.**

**IN CONSIDERATION** of the Participant being allowed to participate in any way in the State Games of Mississippi athletics/sports programs and related events and activities, the undersigned: **ACKNOWLEDGE AND FULLY UNDERSTAND** that the participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses that might result **NOT** only from his or her own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play or the condition of the premises or of any equipment used. Further, that there may be other risks not known or now reasonably foreseeable at this time. **ASSUME** all of the foregoing risks, known and unknown, and accept personal responsibility for the damages following such injury, permanent disability or death. **RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE** State Games of Mississippi, Inc., sponsor of the State Games of Mississippi, the National and State Governing Sports bodies, City and County Government of Lauderdale County, their respective administrators, officers, directors, agents, representatives, coaches and other employees or volunteers of the organizations, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or her heirs, executors, administrators, successors, assigns or next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to prop-

erty, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise, to the fullest extent permitted by law. **CONSENT** to permit and authorize officials of the State Games of Mississippi to seek emergency medical treatment in the event of accident or injury and consent to permit and authorize those providing medical care to perform medical treatment as deemed necessary. **CONSENT** to allow Participant's picture and/or voice or likeness to appear in any official documentary, promotional (including all advertisements) television, radio, film coverage of or world wide web of the State Games of Mississippi without compensation. **THE UNDERSIGNED HAVE READ THE ABOVE WAIVER, RELEASE OF LIABILITY AND AUTHORIZATION OF MEDICAL TREATMENT, UNDERSTAND THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND ACKNOWLEDGE THAT THEY HAVE SIGNED IT VOLUNTARILY.**

### **FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE**

(Under age 18 at the 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 the Releases, and, for myself, my heirs, assigns and next of kin, release and agree to indemnify and hold harmless the involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

### **TEAM MEMBERS**

**1 Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Athlete Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**2 Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Athlete Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**3 Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Athlete Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**4 Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Athlete Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**5 Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Athlete Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_