

LHCC VOLLEYBALL LEAGUE

2019

1661 Park Road, Ft Wright, KY 41011 • 859-331-4278 • lhccvolleyball@gmail.com • www.lookoutheights.com

Team Name _____

Division (circle one) : **ADVANCED** **INTERMEDIATE**

Team Captain: _____

Address _____

City, ST Zip _____

Phone _____

E-mail _____

Alternate Captain _____

Phone _____

ROSTER

NAME

PHONE

EMAIL

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I, the undersigned manager of the team known as _____, hereby state the team represented by the included roster is a voluntary participant in the Lookout Heights Civic Club League.

In consideration of the acceptance by the League of our application to participate in said League, I do hereby release and forever discharge the Lookout Heights Civic Club of and from all liabilities, claims, actions and possible causes of action whatsoever that may occur to myself or to my heirs from every and any loss or damage and injury including death, that may be sustained by person or property while in, about or route into and away from said league.

AND WHEREAS, the undersigned is aware of the dangerous nature of our undertaking as it relates to loss of life and/or limb; therefore it is agreed as follows: that in consideration of being allowed to participate in said league the undersigned team through it's manager hereby assumes all risks from accident or damage to person or property and hereby releases the Lookout Heights Civic Club from every claim, liability or demand of any kind for or on account of any personal injury or damage of any kind sustained or caused by the negligence of the Lookout Heights Civic Club, it's sponsors or otherwise.

I HAVE READ AND UNDERSTAND THE FOREGOING RELEASE.

Signature: _____

Manager of _____

All teams must field a minimum of 4 roster players per match and a minimum of 2 females must be on the court per match. You may add players to your roster until week 4 of the current season. ALL PLAYERS MUST BE OVER THE AGE OF 18 TO PLAY.