

- 1 Fill out shirt choice, team information, and captain's information
- 2 Fill out information for each team member you are paying for including acceptance of waiver of liability
- 3 Make checks payable to: CCFA (\$150 per team, \$25 per each additional player)
- 4 Mail completed form and donation to: CCFA - 1941 S 42nd Street Suite 543, Omaha, NE 68105

WAIVER OF LIABILITY: I, the undersigned, am familiar with the risks inherent in sports activities such as those conducted at volleyball tournaments, and the risk of personal injury to myself when undertaking such sports activities. The undersigned hereby releases the Crohn's and Colitis Foundation of America and its officers, agents, employees, partners, sponsors, concessionaires, and the life from all claims liability or demand of any kind or on an account of any person injury, property damage or other damages arising out of and/or participation in said sports activities. The undersigned confirms and acknowledges that I have read and understand this release, and enters upon the premises of the tournament with full knowledge of the contents thereof. If you are under 18, this waiver must be signed by a parent or guardian.

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SHIRTS:

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DIVISION:

- Adult Only
- Adult/Child

TEAM NAME:

TEAM CAPTAIN: All information required

Name	Signature
Address	<input type="checkbox"/> Acceptance of Waiver
Email Address	Phone

TEAM MATES: Name and acceptance of waiver required. Providing email address enables us to send you alerts

Name	Email Address	<input type="checkbox"/> Acceptance of Waiver	D.O.B
Name	Email Address	<input type="checkbox"/> Acceptance of Waiver	D.O.B
Name	Email Address	<input type="checkbox"/> Acceptance of Waiver	D.O.B
Name	Email Address	<input type="checkbox"/> Acceptance of Waiver	D.O.B
Name	Email Address	<input type="checkbox"/> Acceptance of Waiver	D.O.B
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