

Captain's Quarters Bar & Marina
38283 N. Bolton Place
Antioch, IL 60002
Waiver of Liability and sign roster list

By signing the waiver and release, we affirmatively represent our understanding that competing in the "2025 Six Person Volleyball League" is a potentially hazardous activity, which may result in injury, including death. Before participating in this event, we certify that we are in good health and properly trained and understand that it is our responsibility to notify event staff of any adverse or unusual events including but not limited to: fainting, slipping, orthopedic injuries, contact with other participants, and all other risks to be known and appreciated by us. Having read this waiver, we agree that "Captain's Quarters Bar & Marina" owners and agents will not be held liable to us. We do hereby release and discharge from injuries, including death, damage or loss, which may occur to us on account of our participation in this event or other events, connected with this event. We further grant permission to all aforementioned to use any Photographs, pictures or any other record of this event for any legitimate purpose.

We have read and fully understand the above waiver of all claims and understand the volleyball rules

TEAM CAPTAIN'S SIGNATURE: _____ DATE: _____

Team Name: _____ Team Captain: _____

Contact #: _____ Email: _____ Paid: Yes/No Amount \$ _____ (\$275)

Signature: _____ Date: _____

Participant's Name: _____ Phone: _____ Email: _____ Emergency contact # _____

Signature: _____ Date: _____

Participant's Name: _____ Phone: _____ Email: _____ Emergency contact # _____

Signature: _____ Date: _____

Participant's Name: _____ Phone: _____ Email: _____ Emergency contact # _____

Signature: _____ Date: _____

Participant's Name: _____ Phone: _____ Email: _____ Emergency contact # _____

Signature: _____ Date: _____

Participant's Name: _____ Phone: _____ Email: _____ Emergency contact # _____

Signature: _____ Date: _____

SUBS

Participant's Name: _____ Phone: _____ Email: _____ Emergency contact # _____

Signature: _____ Date: _____

Participant's Name: _____ Phone: _____ Email: _____ Emergency contact # _____

Signature: _____ Date: _____

Participant's Name: _____ Phone: _____ Email: _____ Emergency contact # _____

Signature: _____ Date: _____