

Volleyball 100 College Avenue, Sterling, CO 80751 www.njc.edu

## Youth League Release Form

RELEASE FOR	RM:				
CIRCLE:	Silver	Black	Gold		
TEAM NAME:					
PLAYER NAME:					
ADDRESS:					
Street		Ci	ty	State	Zip Code
HOME PHONE #: CELL PHONE#:					
EMAIL ADDRESS:	1				
DATE OF LAST PH	HYSICAL(IF /	<b>APPLICABLE</b>	:		
INSURANCE NAM	E AND NUMI	BER:			
DADENT'S SIGNA	TIIDE:				

## (Participant may sign if over 18 years of age)

By signing, I hereby understand and release the State of Colorado, State Board for Community Colleges and Occupational Education, Northeastern Junior College and its trustees, officers, employees, and agents from any and all liability that may arise from participating in the above stated event. I understand and agree that the use of the Northeastern Junior College facilities or equipment is at the sole risk of the above listed participant and agree to hold the State of Colorado, State Board for Community Colleges and Occupational Education, Northeastern Junior College and its trustees, officers, employees, and agents harmless for any damages, fees, or claims by participant arising from any cause whatsoever including, but not limited to, negligence of other participants or guests of the event or activity. Furthermore, I hereby authorize the staff of Northeastern Junior College to use their best judgment in an emergency requiring medical attention and accept the responsibility for any financial obligation arising from such emergency medical aid or transportation to a medical facility.