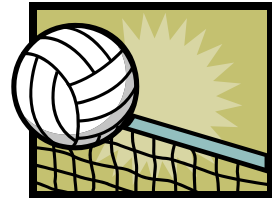


PIONEER VOLLEYBALL ASSOCIATION



RELEASE FORM OFFICIAL TEAM ROSTER

DATE _____ LEAGUE NIGHT _____

CAPTAIN'S NAME (PRINT) _____ 2nd CONTACT NAME (PRINT) _____

CAPTAIN'S SIGNATURE _____ 2ND CONTACT SIGNATURE _____

PRIMARY # _____

PRIMARY # _____

SECONDARY # _____

SECONDARY # _____

HOME ADDRESS _____

HOME ADDRESS _____

CITY & ZIP _____

CITY & ZIP _____

EMAIL _____

EMAIL _____

I HEREBY AGREE TO PLAY VOLLEYBALL FOR _____ AND AGREE TO ALL RULES.
(TEAM NAME)

AS A CONSIDERATION FOR BEING PERMITTED TO UTILIZE THE FACILITIES AT PIONEER BOWL, INC, AND OR USING EQUIPMENT OF PROPERTY OF SAID ORGANIZATION, EACH SUCH PARTICIPANT AND USER AGREES TO ASSUME ALL LIABILITY FOR INJURY AND OR DAMAGE RESULTING FROM SUCH PARTICIPATION OR USE AND FURTHER AGREES TO HOLD PIONEER BOWL, INC., FREE AND HARMLESS ON ANY ACCOUNT OF ANY ACT OF OMISSION OR COMMISSION OR NEGLIGENCE ON THE PART OF PIONEER BOWL, INC., OR ANY OF IT'S OFFICERS.

PLAYER'S NAME (PRINT)	PLAYER'S SIGNATURE	AGE	CITY / TOWN / VILLAGE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____
12. _____	_____	_____	_____