



# Senior's League

## Coed Sand 4x4

### Spring Session

## April 7th - June 9th

#### Format & League Info

- Double Header Matches Each Week, 4-6 games
- Senior Age Group 45+
- Senior Height Nets
- Wednesday Afternoons 2pm-4pm
- Free Drop-in Afterwards from 4-6pm
- \$10 Clinics 4-6pm
- No League Play June 2nd
- Restaurant/Bar Onsite
- On The Islands 6 Indoor Sand Courts

#### Sand League Waiver and Release:

##### Volleyball of the Rockies Manager/Captain Indemnification Agreement

Manager/Captain shall indemnify and hold harmless Volleyball of the Rockies, d.b.a. The Island (hereafter referred to as VOTR) from and against all claims liabilities, causes of action or other legal proceedings stemming from claims of negligence against VOTR or any other claim in tort or contract, by any Manager or third party whom Manager allows to participate in VOTR activities, for damage to property, injury or death of any person or persons in any way arising out of, connected to, or resulting from Manager allowing that third party or team member to participate in VOTR activities, including playing indoor or outdoor, in a confined space which might include running into equipment, beach furniture, or other players, as well as, being hit by volleyballs or slipping on a wet surface while at the Island, without first signing a VOTR Waiver and Release form (such form shall be made immediately available upon request from VOTR Manager). Indemnification shall include the obligation to defend any and all actions, claims or other legal proceedings and to reimburse VOTR for all expenses, including costs and attorney's fees incurred in connections therewith, regardless of whether such claims arose out of negligence of VOTR, its directors, agents, employees, servants or assigns.

I HAVE READ THIS WAIVER AND RELEASE COMPLETELY AND UNDERSTAND ITS CONTENTS FULLY. I AM SIGNING THIS WAIVER AND RELEASE VOLUNTARILY.

Captain's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Captain's Name Printed \_\_\_\_\_

	<u>Day of Week</u>	<u>Coed</u>	<u>Cost</u>
Captain: _____	Wednesday(8 Wks + Tourney)	4's	\$200 _____

Subtract \$10 per person for 2010 Island Members.

Email: (mandatory) \_\_\_\_\_ (Up to \$40 per 4's team) \_\_\_\_\_ @ \$10 (\_\_\_\_\_)

Address: \_\_\_\_\_ Bad Check or Bad Credit Card Fee \$20 \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Total \$** **\$** \_\_\_\_\_

Home Phone: \_\_\_\_\_

Division or Level (Circle Option):

Cell Phone: \_\_\_\_\_

1 or AA/A      2 or A/BB      3 or BB/B      4 or B/Rec

Work Phone: \_\_\_\_\_

#### Payment

Name as it appears on card \_\_\_\_\_ Check# \_\_\_\_\_

Visa, MC, Amex, Disc; Credit Card # \_\_\_\_\_ Cash \$ \_\_\_\_\_

Expiration Date \_\_\_\_\_

Billing Address Street # \_\_\_\_\_ Zip \_\_\_\_\_

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 1 Block North of Iliff, between Havana and Parker Road

Office use only in this area: