



WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware that in signing up and participating in this program, you will be waiving and releasing all claims for injuries you might sustain arising out of this program.

Program: _____

Team Name: _____

As a program participant, I agree to obey all program rules and regulations, as well as the Volleyball Supervisor of this Program.

As a participant, I recognize and acknowledge that there are certain risks of physical injury inherent to the game of volleyball, I hereby agree to assume full risk of injury, including death, damage or loss, and/or any COVID-19 related illness or death that may occur as a result of participation in playing volleyball at Morris Pizza, Inc. (D.B.A JJ Twigs Pizza & Pub), 1200 N. Main Street, Wauconda, IL 60084 and all activities connected with or associated with such a program.

I agree to waive and relinquish all claims I may have against Morris Pizza, Inc. (D.B.A JJ Twigs Pizza & Pub), its affiliates, agents and employees, as a result of participating in the game of volleyball.

I further agree to indemnify, hold harmless and defend Morris Pizza, Inc. (D.B.A JJ Twigs Pizza & Pub), its affiliates, agents and employees from all claims resulting in injury, death, damages or loss, and/or any COVID-19 related illness or death arising out of my activities in the utilization of the volleyball facilities and participation in the program.

I have read and fully understand the above program details and Waiver and Release of All Claims. Before registration in this program is valid, this Waiver and Release of All Claims must be signed by all team participants.

**JJ Twigs Pizza & Pub
Waiver Form & Release of Claims**

Team Name: _____

League Day: _____

We, the undersigned, hereby acknowledge that each of us have read the waiver and release form on the reverse side and each of us, individually hereby agree to be bound by the terms of said waiver and release. Each player must sign their own signature, and this signature is for the Waiver & Release of All Claims form.

	Name	Email	Phone	Signature	Date
1					
2					
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6					
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10					

I certify the above to be correct: _____
Signature of Team Captain/Manager

Date: _____