

MIDNIGHT MUD

VOLLEYBALL ROSTER

Team Captain: _____	Team Name: _____
Captain Phone: _____	E-Mail Address: _____

EACH TEAM SHOULD HAVE NO MORE THAN 10 PLAYERS ON A ROSTER, WITH NO MORE THAN 3 MALES ON THE COURT AT ALL TIMES. PLEASE TURN IN YOUR ROSTER BY 5 PM ON FRIDAY, APRIL 18TH.

By my signature below, I hereby certify that to the best of my knowledge I am physically fit to participate in the Coed Midnight Mud Volleyball Tournament. I do not suffer from any condition, which would increase the possibility of injury during participation. Mississippi University for Women does not carry insurance to cover treatment of injuries that may be sustained in any sports program. I waive and release any and all rights and claims for damages suffered by me due to participation in the Midnight Mud Volleyball Program whether caused by negligence of Mississippi University for Women, or its employees, or otherwise. I have read this release and I intend to be legally bound to it.

** By signing my name below, I agree to the conditions of this Informed Consent Statement/Waiver of Liability.

<u>NAME</u>	<u>SHIRT SIZE</u>	<u>PHONE #</u>	<u>SIGNATURE</u>

Deadline for entry is April 18th by 5 PM

BRING OLD SHOES AND A TOWEL