



BAYOU

Regional Volleyball Association



League Sanction Application

Leagues can be sanctioned by USA Volleyball and receive USA Volleyball Liability Insurance coverage. This form is to be used for leagues where some or all participants are not registered members of the Bayou Regional and USA Volleyball.

In addition, all members (or legal guardian of a member) of the league must sign the USAV Waiver and Release of Liability Form.

League Rep

(Name) _____

(Address) _____

(City, State Zip) _____

(Phone contacts) home cell

(Email address) _____

League Name (s)

League Site / Facility

(Name of facility) _____

(Address) _____

(City, ST Zip) _____

(Phone) _____

League Type (check all that apply)

☐ Outdoor

☐ Male

☐ Co-Ed

☐ Indoor

☐ Female

League Season: From: _____
mm dd yy

To: _____
mm dd yy

# of 6 person teams	_____	X	\$20	=	\$	_____
# of 4 person teams	_____	X	\$15	=	\$	_____
# of 2/3 person teams	_____	X	\$12	=	\$	_____

Payable to Bayou Regional Volleyball Association

\$ _____

Attn: League Registrar

7226 Success St., Arabi, LA 70032

League Administrator signature

Date

Attach copy of League Waiver & Release of Liability form for each team.

USA VOLLEYBALL
WAIVER AND RELEASE OF LIABILITY

Note: This form must be read and signed before the League RVA Volleyball Members listed below are allowed to take part in any competition or practice/warm up sessions.

I acknowledge that volleyball or any sporting event is an extreme test of a person's physical and mental limits and that my participation in a volleyball event can cause the potential for death, serious injury, or property damage. **With a full understanding of the potential risks, I HEREBY ASSUME ALL THE RISKS OF PARTICIPATING OR OFFICIATING IN A VOLLEYBALL EVENT.**

I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns: a) **I WAIVE, RELEASE, AND DISCHARGE** from any and all claims or liabilities for death or personal injury or damages of any kind, **EXCEPT THAT WHICH IS THE RESULT OF GROSS NEGLIGENCE AND/OR WANTON MISCONDUCT OF PERSONS OR ENTITIES LISTED BELOW**, which arise out of or relate to my travel to and from or participation in any volleyball event, **THE FOLLOWING PERSONS OR ENTITIES:** USA Volleyball and its Regional Volleyball Associations, tournament directors, sponsors, and the officers, directors, employees, representatives and agents of any of the above; b) **I AGREE NOT TO SUE** any of the persons or entities listed above for any of the claims or liabilities that I have waived, released or discharged herein; and c) **I INDEMNIFY AND HOLD HARMLESS** the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

BY SIGNING THIS FORM, I AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER, OR AM A LEGAL GUARDIAN OF THE PARTICIPATING MINOR, I HAVE READ THIS DOCUMENT, AND I UNDERSTAND AND AGREE TO ABIDE BY ITS CONTENTS.

League Rep _____ League _____

Participant Name (printed)	Birthdate (mm/dd/yy)	Signature (Adult signature for junior leagues)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

USA VOLLEYBALL PARTICIPANT CODE OF CONDUCT MAY ALSO BE REQUIRED