



VOLLEYBALL TEAM ROSTER

I DO HEREBY, EXECUTORS & HEIRS, RELEASE MIDWEST SPORTS COMPLEX, MWCC INC, THEIR OFFICERS, OFFICIALS, SPONSORS, AND REPRESENTATIVES FROM ALL CLAIMS OR DEMANDS PRACTICES, OR EVENTS AT MIDWEST SPORTS COMPLEX AND OTHER SITES. I ASSUME ALL LIABILITY FOR ANY AND ALL OF THE ABOVE INJURY OR DAMAGE THAT MAY RESULT FROM THE USE OF MIDWEST SPORTS COMPLEX AND OTHER TOURNAMENT SITES. I FURTHER AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MIDWEST SPORTS COMPLEX, AND MWCC INC. I AGREE TO ALL OF THE ABOVE BY SIGNING BELOW.

	PRINT PLAYERS NAME	PLAYER'S SIGNATURE	ADDRESS	PHONE #	EMAIL ADDRESS
1					
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MIDWEST SPORTS & SOCIAL COMPLEX

SPONSOR NAME: _____
 TEAM NAME: _____
 MANAGER'S NAME: _____
 CITY, STATE, ZIP: _____
 HOME#: _____ WORK #: _____

MANAGER'S VERIFICATION: THIS IS TO CERTIFY THAT THIS ROSTER HAS BEEN SIGNED BY EACH AND EVERY PLAYER AND THAT THE ABOVE INFORMATION IS CORRECT:

MANAGER'S SIGNATURE: _____