ASSUMPTION OF RISK AND RELEASE OF LIABILITY

Ι,	, in consideration of the
I,	
I agree to abide by all regulations, policies, and procedures of the University while participating in Volleyball in order to maintain a maximum level of safety.	
I acknowledge that my participation in	Volleyball is wholly voluntary.
I am above the age of 18 and have read the above statement and agree to the conditions set forth herein. This Agreement binds the members of my family and spouse, and my estate, heirs, administrators, personal representatives, assigns, and any other person entitled to act on my behalf. This Agreement shall be construed under the laws of the state of Tennessee without regard to its conflict of law provisions. If any portion of this is held to be invalid, illegal, or unenforceable, the remaining portion shall be in full force and effect.	
I have read this document before signing it and sign this document of my own free act and deed, intending to be bound by the promises I have made herein.	
Name (Please Print)	Date
Signature	

Address