

**Cambridge Boston Volleyball Association**

P.O. Box 425734  
Cambridge, MA 02142

**Guest Waiver Form**

\_\_\_\_\_  
**LAST NAME**

\_\_\_\_\_  
**FIRST NAME**

**Waiver and Release of Liability:** By my signature, intending to be legally bound, hereby myself, my heirs, executor and administrators indemnify and hold harmless from all causes of action and waive and release any and all rights from claims for loss or damages suffered by me for any reason whatsoever, including negligence during my participation in the league play or social activities, which may arise against CBVA its board/officers , representatives, successors, and assigns for any and all injuries suffered by me in this league. Furthermore, I verify I am physically fit and that I am at least nineteen (19) years of age. I acknowledge that I will comply with the Rules and Regulations of CBVA and the restrictions, published or announced, by the Board or event organizers.

\_\_\_\_\_  
**GUEST SIGNATURE**

\_\_\_\_\_  
**DATE**

**First Visit:** \_\_\_\_

**Second Visit:** \_\_\_\_