

**PLEASE CHECK**

- Men
- Women
- CoRec

**LCIRSA FALL 2008 STATE CHAMPIONSHIPS***NOVEMBER 21—23, 2008 / SOUTHEASTERN LOUISIANA UNIVERSITY***ENTRY DEADLINE**

Friday  
November 21 '08  
Noon

**VOLLEYBALL ENTRY FORM**

TEAM NAME \_\_\_\_\_

INSTITUTION \_\_\_\_\_

CITY / STATE \_\_\_\_\_

TELEPHONE \_\_\_\_\_

For good and valuable consideration, including participants being permitted to participate in the 2008 LCIRSA State Tournament ("EVENT"), to be held November 21-23, 2008, at Southeastern Louisiana University, I, the undersigned participant ("PARTICIPANT"), for myself, my successors, heirs, assigns, executors, and administrators forever, release and discharge the Louisiana Collegiate Intramural-Recreational Sports Association (LCIRSA) and any other sponsors of the "EVENT", and affiliates, servants, agents, subsidiaries, corporate parents, officers, directors, partners, and employees of all sponsors of the "EVENT", from all claims, causes or action, costs, and judgements that I now or hereafter may have or claim to have against the "SPONSORS" for personal injuries, including health and damages to property, real or personal, caused by or arising out of "PARTICIPANTS" involvement in the "EVENT".

I understand there WILL NOT be medical insurance coverage for any injury I should incur while being a "PARTICIPANT" in any of the activities associated with this "EVENT". In my own best interest, I realize I should have in effect medical insurance coverage, and that I will be responsible for providing proof of said insurance.

I further agree the "PARTICIPANT'S" photographs, pictures, slides, movies, and videos taken or made by the "SPONSORS", in connection with the "PARTICIPANT'S" name, may in any manner be used by the "SPONSORS". I warrant that "PARTICIPANT" is in good health and has no physical condition that would prevent "PARTICIPANT" from participating in the "EVENT".

**I HAVE READ AND UNDERSTAND THE FOREGOING AND SIGN IT VOLUNTARILY****VOLLEYBALL ROSTER - MAXIMUM OF 12 PLAYERS**

	NAME	SOCIAL SECURITY #	SIGNATURE
<b>COACHES / MANAGERS</b>			
1.			
2.			
<b>PLAYERS</b>			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

CERTIFY THE ABOVE ROSTER NAMES HAVE BEEN COMPLETELY CHECKED FOR ELIGIBILITY REGULATIONS.  
I WILL ASSUME FULL RESPONSIBILITY FOR THEIR ELIGIBILITY.

\_\_\_\_\_  
**INTRAMURAL SPORTS DIRECTOR'S SIGNATURE**