

***Bethany United Methodist Church
Leisure Ministries***

Adult Coed Volleyball
Insurance Waiver
Due August 21, 2007

Team Name _____ Team captain _____

All players must submit an insurance waiver.

Name of player _____ Phone _____

Address _____ Alt phone _____

City _____ State _____ Zip _____

E mail address (print clearly) _____

Church attends _____

I agree to participate in the Bethany United Methodist Church Adult Coed Volleyball League. I verify by signing below, that I have read the rules for Adult Coed Volleyball. I also accept the fact that injuries may occur while playing in this league. I understand that Bethany United Methodist Church does not provide insurance coverage for this activity and that I am responsible for any injuries that may occur.

Signature _____ Date _____

Turn in individual insurance waiver form first game night or mail to:
Bethany UMC
Leisure Ministries
118 W. 3rd Street So.
Summerville, SC 29483