

2022 IMPACT VOLLEYBALL CLUB  
OFFICIALS AND VOLUNTEER AGREEMENT

CENTRAL JERSEY VOLLEYBALL 2022 MIDDLE SCHOOL VOLLEYBALL  
LEAGUE SEPTEMBER -DECEMBER, 2022

NAME OF OFFICIAL OR VOLUNTEER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

I \_\_\_\_\_, ACTING AS (CIRCLE ONE) *OFFICIAL /*  
*VOLUNTEER* FOR THE CENTRAL JERSEY VOLLEYBALL CLUB MSVB  
LEAGUE ACKNOWLEDGE THAT EVERY PERSON NEEDS TO SUBMIT A  
SIGNED CENTRAL JERSEY VOLLEYBALL PERMISSION SLIP BEFORE  
STEPPING UPON, OR PARTICIPATING ON A VOLLEYBALL COURT

I ALSO, AS WITNESSED BY SIGNATURE UNDERSTAND THE NATURE OF  
THE ACTIVITY WITH REGARDS TO DANGER INVOLVED, AND AGREE TO  
ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY  
DAMAGE WHETHER THESE RISKS ARE KNOWN OR UNKNOWN.  
I FURTHER FOREVER RELEASE CENTRAL JERSEY VOLLEYBALL LLC AND  
THE OWNERS OF THE VENUE FROM ANY AND ALL ACTIONS, CLAIMS AND  
DEMANDS RELATED TO MY PARTICIPATION IN THESE ACTIVITIES

X \_\_\_\_\_ (SIGNATURE OF OFFICIAL /  
VOLUNTEER)

PRINTED NAME: \_\_\_\_\_ CELL# \_\_\_\_\_

THIS FORM MUST BE COMPLETED AND SUBMITTED PRIOR TO PLAY