

2024 IMPACT VOLLEYBALL CLUB
OFFICIALS AND VOLUNTEER AGREEMENT

CENTRAL JERSEY VOLLEYBALL 2024 GIRLS SUMMER VOLLEYBALL
LEAGUE AGES; 13 AND OVER (entering grades 9-12 on 9/24)

DATE: __/__/__

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 SUMMER
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 (2) VENUES 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 (7:00
pm. on 1st ref assignment date)