

Adult Summer Co-Rec Sand Volleyball League

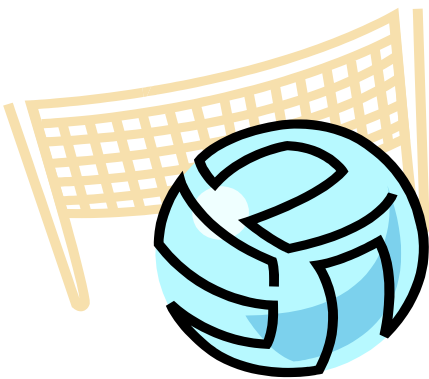
Empowering you to
Live well, Bewell

Get ready for a great time in 2018! Sign up for Adult Co-Rec Sand Volleyball.

Enrollment closes on Thursday, May 17 for SFEA members. Enrollment closes on Tuesday, May 29 for summer interns. Enrollment fee is \$6 per full-time player and \$3 per part-time player. **One check per team is required.** Make checks payable to SFEA. Please mail enrollments and checks to SFEA on K-1.

Teams must consist of at least 6 full-time players. There is no maximum on part-time players. Format is 4 players; at least 1 male and 1 female on the court at all times. All SFEA members in high school or older are eligible to participate. League play runs from June 5 – August 1 (Typically 9 games over 7 weeks, plus a week of playoffs). Games will be played at State Farm Park Tuesday - Thursday, starting at 5:15 p.m.

Each player must complete the attached waiver and submit with the team registration. (For a team of 10 players, please submit 1 registration form, 1 check, and 10 waivers) Leagues are open to SFEA members only. Each division requires a minimum of 4 teams.



Competitive / Intermediate: Tuesday

Intermediate / Recreational: Wednesday

Make-up games will be played on Thursday

This league will be governed by USAV rules and regulations. Referees will only be provided for the playoffs. Individuals who enroll will be placed on an existing team. High school students and part-time players will not be eligible for awards.

If you have any questions, please contact League President Racheal Gannaway (U4W1) or SFEA Board Member Matthew Ehrstein at matthew.ehrstein.mmpy@statefarm.com.

#643 Adult Co-Rec SAND Volleyball League

Check the event you are enrolling in and complete the roster below.

\$6 per player (full-time)

\$3 per player (part-time)

_____ Competitive / Intermediate (Tuesdays)

_____ Intermediate / Recreational (Wednesdays)

Team Name _____

Name	F=Full-time P=Part-time	Building/ Floor	Alias	SFEA #
Captain/ Individual _____	_____	_____	_____	_____ - _____
2) _____	_____	_____	_____	_____ - _____
3) _____	_____	_____	_____	_____ - _____
4) _____	_____	_____	_____	_____ - _____
5) _____	_____	_____	_____	_____ - _____
6) _____	_____	_____	_____	_____ - _____
7) _____	_____	_____	_____	_____ - _____
8) _____	_____	_____	_____	_____ - _____
9) _____	_____	_____	_____	_____ - _____
10) _____	_____	_____	_____	_____ - _____
11) _____	_____	_____	_____	_____ - _____
12) _____	_____	_____	_____	_____ - _____

Total # of Participants: (full) _____ (part) _____ Total Amount Enclosed \$ _____
(one check per team)

(The Activities Office cannot make change when paying with cash)

**SFEA Sports
Agreement and Release of Liability**

I, (*Print First and Last Name*) _____, desire to participate in various activities (the “Activities”) organized by State Farm Employee Activities Association (SFEA).

In exchange for being permitted to participate in the Activities, I hereby agree to release on behalf of myself and my heirs, personal representatives and assigns any and all claims, demands and liabilities that I or my heirs, personal representatives or assigns now have or may have in the future against State Farm Mutual Automobile Insurance Company and any of its affiliates and/or their respective directors, officers, agents or employees (the “Released Parties”) for property damage, personal injury, illness and/or death arising or resulting from the Activities or my participation in them, whether on State Farm’s premises or elsewhere. I also agree not to sue or to commence any legal action, complaint or charge against any of the Released Parties regarding any matter covered by this *Agreement and Release of Liability*.

I recognize and understand that the Activities may include inherently hazardous activities, which may cause serious injury. I hereby expressly and specifically assume the risk of injury or harm in regard to these potentially hazardous activities.

By signing below, I acknowledge that I have carefully read this *Agreement and Release of Liability* and agree with its terms and their binding effect on me, my heirs, personal representatives and assigns.

Dated: _____

Signed: _____