

Pala Casino Spa & Resort

Pala Seniors Volleyball Tournament Waiver and Release of Liability

I, _____ (**Participant**) AFFIRM THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER AND HAVE READ THIS DOCUMENT AND UNDERSTAND ITS CONTENTS. I acknowledge that volleyball or any sporting event is a test of a person’s physical and mental limits and carries with it a potential for death, serious injury, or property loss. With a full understanding of the potential risks, I HEREBY ASSUME THE RISKS OF PARTICIPATING IN THE PALA SENIORS VOLLEYBALL TOURNAMENT.

I hereby take the following actions for myself, my executors, administrators, heirs, successors and assigns: waive, release, hold harmless and discharge from any and all claims the Pala Band of Mission Indians DBA Pala Casino Spa & Resort, including its directors, officers, elected officials, agents, and employees against any and all loss, liability, damage, or expense for illness, injury, or death to persons, including damage to property, arising directly or indirectly from the activities related to the Pala Seniors Volleyball Tournament

Nothing herein shall waive or be construed to waive the immunity of the Pala Band of Mission Indians or any of its elected or appointed officers or officials, members, or employees.

Participant Signature

Date