



PALA SENIORS PROGRAM
PALA BAND OF MISSION INDIANS
PMB 50, 35008 Pala Temecula Road
Pala, CA 92059
Phone 760-891-3507 | Fax 760-742-4520

Waiver and Release of Liability
Pala Casino Spa & Resort
Pala Seniors Volleyball Tournament

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's Name

Participant's Signature

Date