



SOUTHERN OHIO UNITED ASSOCIATION INC



Presents



CHAROTARIYA LEUVA PATIDAR SEVA SAMAJ-USA
CLPSS 1st GAAM
VOLLEYBALL
TOURNAMENT 2026



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SYSTEMS

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Liability Waiver & Assumption of Risk Agreement

READ BEFORE SIGNING

Hosted By : SOUA Inc. – Southern Ohio United Association Inc. In Association with CLPSS USA

Event Schedule :

- September 11, 2026 – Welcome Party & Social Gathering
- September 12, 2026 – 1st CLPSS GAAM Volleyball Tournament 2026

Venue Location :

Dayton Sports Complex
4801 Salem Ave, Dayton, OH 45416

In consideration of being allowed to participate in any way in the 1st CLPSS GAAM Volleyball Tournament 2026, Welcome Party, related events, and activities at Dayton Sports Complex 4801 Salem Ave, Dayton, OH 45416, the undersigned acknowledges, appreciates, and agrees that:

1. The risks of injury and illness from participation in volleyball activities and related events are significant, including but not limited to falls, collisions, physical contact, communicable diseases (including COVID-19 or similar illnesses), permanent disability, paralysis, and death. While specific rules, equipment, and personal discipline may reduce these risks, serious injury and illness may still occur.
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Releasees or others and assume full responsibility for my participation.
3. I willingly agree to comply with all stated and customary terms, rules, regulations, and conditions for participation. If I observe any unusual or significant hazard during my participation or presence, I will immediately remove myself from participation and notify the nearest tournament official.
4. I, for myself and on behalf of my heirs, assigns, personal representatives, family members, and next of kin, hereby release and hold harmless SOUA Inc., CLPSS USA, tournament organizers, committee members, volunteers, referees, sponsors, venue owners/operators, and all associated officers, officials, agents, employees, and representatives ("Releasees") from any and all liability, claims, demands, losses, damages, injuries, illnesses, disabilities, death, or property damage arising out of or related to participation in these events, whether caused by negligence of the Releasees or otherwise, to the fullest extent permitted by law.
5. I understand that participation in this event is voluntary and that I am responsible for my own medical insurance, health coverage, and personal belongings.
6. Team captains are responsible for informing all players, guests, and spectators associated with their team about this waiver and tournament policies.
7. I grant permission to SOUA Inc. and CLPSS USA to use photographs, videos, or recordings taken during the event for promotional, marketing, and social media purposes without compensation.

PARTICIPANT INFORMATION

Participant Name:

Team Name / GAAM:

Phone Number:

Email Address:

Signature:

Date Signed:

FOR MINORS (UNDER 18 YEARS OF AGE)

Parent/Guardian Name:

Parent/Guardian Signature:

Emergency Contact Number:

Date Signed:

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

