



**TEAM NAME:** \_\_\_\_\_ (2019 - Fall)  
(\*\*Must be turned in first nite of play\*\*)

**THE FOLLOWING INDIVIDUALS AGREE TO RELEASE TDM ENTERPRISES INC. D/B/A GATOR'S PUB AND IT'S STOCKHOLDERS FROM ANY LIABILITY FOR PERSONAL INJURY RESULTING FROM ANY FORSEEABLE AND REASONABLE NEGLIGENCE IN THE PARTICIPATION OF VOLLEYBALL OR ANY OTHER PHYSICAL ACTIVITY TAKING PLACE AT GATOR'S PUB AT ANY TIME.**

<b>PRINT NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>
1. _____	_____	_____
2. _____	_____	_____
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