



RELEASE FORM

TEAM NAME: _____

I HEREBY RELEASE AND DISCHARGE ANN STORCK CENTER, AND ALL SPONSORS OF THE DECK THE VOLLEYBALLS 2024 VOLLEYBALL CHALLENGE, FOR ALL CLAIMS AND DAMAGE, DEMANDS AND ACTIONS WHAT SO EVER IN ANY MANNER ARISING FROM AND GROWING OUT OF MY PARTICIPATION IN THE VOLLEYBALL CHALLENGE TO BENEFIT ANN STORCK CENTER HELD ON SATURDAY, DECEMBER 21, 2024, AT POMPANO BEACH PIER IN POMPANO BEACH.

I ATTEST AND VERIFY THAT I AM 18 YEARS OF AGE OR OLDER, (OR MY GUARDIAN HAS SIGNED FOR ME) THAT I HAVE FULL KNOWLEDGE OF THE RISKS INVOLVED AND THAT I AM PHYSICALLY FIT AND CAPABLE OF PARTICIPATING IN THIS ACTIVITY.

NAME: _____ SIGNATURE: _____ DATE: _____

NAME: _____ SIGNATURE: _____ DATE: _____

NAME: _____ SIGNATURE: _____ DATE: _____

NAME: _____ SIGNATURE: _____ DATE: _____

NAME: _____ SIGNATURE: _____ DATE: _____

PLEASE RETURN SIGNED RELEASE FORM TO
PMURPHY@ANNSTORCKCENTER.ORG