

USA VOLLEYBALL

2009-2010 SEASON LEAGUE FORM



League Name: _____ **League Dates:** _____ - _____

Team Name: _____

Team Rep: _____ **Phone:** _____

Please print legibly – League membership is only valid with complete information and signature on 2nd page.

By signature on second page, I agree to be filmed, videotaped and photographed, and to have my name, image, picture, likeness, voice and biographical information otherwise recorded, in any media, during USA Volleyball (USAV) and/or its Regional Volleyball Association (RVA) sanctioned events, by USAV/RVA's authorized representative, under the conditions specified by the USAV/RVA (the "Footage").

I hereby grant USAV/RVA, with no financial or other compensation due to me, full right and license to use, and to authorize third parties to use, in all media, the Footage for: (1) news and information purposes, (2) promotion of the specific competition(s) in which I compete, (3) promotion of the Sport, and (4) promotion of USAV/RVA, provided that, in no event may the USAV/RVA use or authorize the commercial use of the Footage in any manner that would imply my endorsement of any company, product, or service, without my written permission.

First Name	Last Name	Date Of Birth	EMail
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Signature required on following page

