2006 AVPNEXT MEMBERSHIP APPLICATION

Office use Only: Member Number

Last Name

First Name

Sex

M F

Email Address

Phone Number

Birth Date (MM/DD/YY)

Check here if this is a renewal:

Street Address

City

State

Zip Code

Sponsoring Association/Promoter

VBIP-FOWL

Region

Check a box if you do **not** wish to receive: Free AVP Next Newsletter

Free AVP Newsletter

ACKNOWLEDGEMENT, WAIVER AND RELEASE

By my signature below, **(1)** I acknowledge that I have been informed of, and fully understand, the benefits, terms and conditions of membership in **AVPNEXT**, for which this application is being submitted and for which the provisions of this Acknowledgement, Waiver and Release are incorporated therein, and agree to accept and abide by such terms and conditions, as they may be amended from time to time by **AVPNEXT**, **(2)** I acknowledge and understand that my involvement and participation in the volleyball event to which I am also registering, as well as any other volleyball event, is completely voluntary and not required for my membership in **AVPNEXT**, **(3)** I acknowledge and agree that there is no principal-agency relationship between **AVPNEXT**, its parent and subsidiaries, and each of their officers, directors, shareholders, affiliates, subsidiaries, employees, representatives, contractors, successors and assigns (individually, an "AVP Party" and collectively, "AVP Parties"), on the one hand, and the organizers, operators, promoters, sponsors, advertisers and officials of this or any other volleyball event, on the other hand**, (4)** I hereby release and forever discharge and waive any and all claims that I, my heirs, assigns and successors, has or may have against AVP Parties, or any of them, arising out of or in connection with my membership in **AVPNEXT** and/or my participation in any volleyball event, including, without limitation, any bodily injury, death or property damage, **(5)** I agree to indemnify and hold harmless the AVP Parties, and any of them, from any damage, claims, costs, liabilities or expenses (including, without limitation, attorneys' fees and expert witness expenses) arising out of or resulting from my breach of any of the terms and conditions of my membership in the AVPNEXT, including, without limitation, any breach of this Acknowledgement, Waiver and Release.

_____ Signature

_____ Legal Guardian (required if under 18)

_____ Date

Thank you for becoming an AVPNext member!

Please complete this membership application and submit with a check for $10 payable to **AVPNext**.

Mail: AVPNext
6100 Center Drive, 9th Floor
Los Angeles, CA 90045

Your request will be processed and your membership number will be emailed to you as soon as we receive your payment.