



## Adult Volleyball Team Roster Form

League \_\_\_\_\_ Team \_\_\_\_\_

Please read this form carefully and be aware that in signing up and participating in the use of the above program you will be waiving and releasing all claims for injuries you might sustain arising out of the activities of this program.

"As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program."

"I agree to waive and relinquish all claims I may have as a result of participating in the program against the Park District and its officers, agents, servants and employees."

"I do hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims from injuries, including death, damage, or loss which I may have or which may accrue to me on account of my participation in the program."

"I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me and arising out of, connection with, or in any way associated with the activities of the program."

"I have read and fully understand the above Program Details and Waiver and Release of All Claims."

Name	City	Phone Number	Signature
1. Captain			
2. Co-Captain			
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