



Greenwood Parks & Recreation VOLLEYBALL

OFFICIAL TEAM ROSTER – Session # and Year_____

TEAM NAME_____

LEAGUE_____

Primary Contact Person: This will be the official contact person for all league information.

Name_____Address_____

E-mail address_____City & Zip_____

Cell Phone_____

Secondary Contact Person: This is the second official contact person for all league information, when the primary contact person cannot be reached.

Name_____Address_____

E-mail address_____City & Zip_____

Cell Phone_____

For office use only.

DATE RECEIVED_____ **VERIFIED BY**_____

OFFICIAL TEAM ROSTER & WAIVER

Session # and year _____

WAIVER AND RELEASE FROM LIABILITY

I do hereby RELEASE and forever DISCHARGE the Department of Parks and Recreation and the City of Greenwood, Indiana, and their respective agents, officers and employees, from any and all claims for relief, demands, losses, damages, liabilities, fines, charges, penalties, administrative and judicial proceedings and orders, judgments and all costs and expenses of any kind whatsoever, incurred therewith, including reasonable attorney's fees and costs of defense against the Greenwood Department of Parks and Recreation, the City of Greenwood and/or their respective agents, officers and employees for any and all injury, illness, damage or loss to property or person, sustained directly or proximately caused by, or which may exist or which may hereafter arise, from my participation in this Greenwood Department of Parks and Recreation program and/or class. I do further agree to protect the said Greenwood Department of Parks and Recreation and/or the City of Greenwood and their respective agents, officers and employees, from any damages incurred by way of claim, demand or judgment and agree to reimburse said Department of City for any loss, damage or cost incurred. I hereby release, hold harmless, promise not to sue and waive any claim against the Greenwood Department of Parks and Recreation, the City of Greenwood, and their respective agents, officers and employees for any and all injury or loss sustained to my person or my personal property due to any negligence by the above named parties in supervising my activities while participating in this Greenwood Department of Parks and Recreation Program and/or class, or for any negligence of the above named parties in maintaining the premises at which such activity is conducted.

I further agree to abide by all the rules and regulations pertaining to such activity as may be designated by the Greenwood Parks and Recreation Department, its agents or employees. I further acknowledge that I realize that there is some inherent danger involved in my participation in this program and/or class. I understand the risk involved, and I voluntarily assume the risk of the possibility of any danger or injury to my person or my personal property resulting from my participation in this program and/or class.

I further state that there is no medical reason why I cannot or should not participate in this program and/or class. I further acknowledge that I have read the foregoing, understand its terms and meaning, and have made diligent inquiry concerning any questions about this document that I may have had.

I affirm under penalties of perjury that I am at least eighteen (18) years of age or older, and that I have executed the above and foregoing Waiver and Release from Liability and that such is true and correct to the best of my knowledge and belief.

Name/Signature	Date of Signature	Telephone #	Email Address
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