

TEAM NAME _____

LEAGUE _____

2016 VOLLEYBALL TEAM ROSTER

IF YOU DO NOT SIGN THE ROSTER YOU CANNOT PLAY WITH THE SPECIFIED TEAM. PLEASE FILL OUT YOUR NAME, ADDRESS AND PHONE NUMBER COMPLETELY. PLAYERS MAY ONLY SIGN ONE TEAM ROSTER FOR THE ABOVE NAMED LEAGUE DURING THE COURSE OF THE SEASON.

AGREEMENT TO WAIVE LEGAL RIGHTS

In consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows: I hereby acknowledge that the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any causes whatsoever arising while my child or myself are participating in such activity. I or my child are in good health and physically able to participate in said activity. I agree to unconditionally waive and release the Town of Vail and/or the Vail Park and Recreation District and their officers, employees, agents, servants and all representatives and sponsors from any injury I or my child may sustain or any damage that may be caused to me or my child's property in connection with said activities, including injuries sustained or property damage caused by the use of any equipment I may rent from the Town of Vail and/or the Vail Park and Recreation District. I also authorize and consent to any emergency x-ray examination, medical diagnosis or treatment and hospital care to be rendered to me or my child under the general or special supervision and on the advice of any physician licensed to practice in the State of Colorado. Participants may be photographed and such photographs may be used to publicize activities.

NAME (PLEASE PRINT)	E-MAIL & MAILING ADDRESS	HOME PHONE	WORK PHONE	SIGNATURE
1				
2				
3				
4				
5				
6				
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