

DECATUR PARKS AND RECREATION DEPARTMENT

Official Team Roster, Player Waiver, Release of Liability and Indemnification Agreement

LEAGUE/TOURNAMENT COED VOLLEYBALL SEASON/YR 2009-10

TEAM NAME	DIVISION	MANAGER NAME	STREET ADDRESS	CITY, ST, ZIP	PHONE (H)	(CELL)
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Player Waiver, Release of Liability and Indemnification Agreement

I, the undersigned player, acknowledge, agree and understand that:

- 1. Voluntarily and on my own free will, I elect to participate as a member of the team indicated above.*
- 2. I understand that there are certain risks and hazards involved in participating in this activity that may result in injury or death to me or other players.*

Further, I, the undersigned player, agree that in consideration for the right to play as a member of the team designated above and in consideration for permission to play on the facilities arranged by the Decatur Parks and Recreation Department, I voluntarily elect to accept and assume all risks of injury incurred or suffered by me while participating in this league.

Decatur Parks & Recreation – Photo Release

I agree to permit the taking of photos, audio and videotaping during Parks & Recreation Department activities for publication and use as the City of Decatur deems appropriate to further promote its facilities and/or its programs.

NAME(PLEASE PRINT)	ADDRESS	CITY, STATE ZIP	PHONE NUMBER	SIGNATURE OF PLAYER (OR PARENT IF UNDER 18)	DATE
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____	_____

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TEAM NAME _____ DIVISION _____

Player Waiver, Release of Liability and Indemnification Agreement

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- 3. Voluntarily and on my own free will, I elect to participate as a member of the team indicated above.*
- 4. I understand that there are certain risks and hazards involved in participating in this activity that may result in injury or death to me or other players.*

Further, I, the undersigned player, agree that in consideration for the right to play as a member of the team designated above and in consideration for permission to play on the facilities arranged by the Decatur Parks and Recreation Department, I voluntarily elect to accept and assume all risks of injury incurred or suffered by me while participating in this league/tournament.

Decatur Parks & Recreation – Photo Release

I agree to permit the taking of photos, audio and videotaping during Parks & Recreation Department activities for publication and use as the City of Decatur deems appropriate to further promote its facilities and/or its programs.

NAME(PLEASE PRINT)	ADDRESS	CITY, STATE ZIP	PHONE NUMBER	SIGNATURE OF PLAYER (OR PARENT IF UNDER 18)	DATE
11. _____	_____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____	_____
16. _____	_____	_____	_____	_____	_____
17. _____	_____	_____	_____	_____	_____
18. _____	_____	_____	_____	_____	_____
19. _____	_____	_____	_____	_____	_____
20. _____	_____	_____	_____	_____	_____

CHURCH TEAM / INDUSTRIAL TEAM _____
(SIGNATURE OF MINISTER, RABBI, PRIEST / PERSONNEL MANAGER)