

Pullman Parks and Recreation 2010 Coed Volleyball Team Roster

Team Name _____ Division: Competitive "A" Recreational "B"
 Manger's Name _____ Manager's Address _____
 City _____ Home Phone _____ Work Phone _____ Email _____
 Asst. Manager's Name _____ Asst. Manager's Address _____
 City _____ Home Phone _____ Work Phone _____ Email _____

PLAYER WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT: I, the below signed hereby consent to participation in the Pullman Adult Volleyball League. I hereby expressly and forever waive and release any and all claims against and agree to hold harmless the City of Pullman and all their respective employees, agents, representatives, successors, or assigns of any kind from any and all claims which may be made for damages and/or injury to property or persons occasioned by any cause whatsoever, arising as a result of or in connection with the participation of me or my team in the Pullman Parks and Recreation Adult Volleyball League. I also agree to pay for any damages to facilities or equipment, which are a result of my actions. I have read and hereby agree to participate under and have read and understood the Parks and Recreation Rules and Regulations.

(SIGNATURE ON ROSTER INDICATES THAT PLAYER HAS READ AND UNDERSTOOD INDEMNITY AGREEMENT AND RULES)

(PLEASE PRINT LEGIBLY)

<u>Player's Full Name</u>	<u>Phone #</u>	<u>Emergency #</u>	<u>Signature</u>	<u>Special Medical Conditions</u>	<u>If Under 18, Guard Sig.</u>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					

In consideration of your accepting this registration, I waive and release any and all rights and claims for damages I may have against the City of Pullman and their representatives or assignees for any and all injuries suffered by me while participating in this activity. I have read, understood and transmitted to my players, the rules and regulations governing the Adult Volleyball League and agree to abide by these rules.

Signature of Team Manager _____ Date _____

(General release and agreement to participate on back page)

GENERAL RELEASE AND AGREEMENT TO PARTICIPATE CITY OF PULLMAN PARKS AND RECREATION ATHLETIC PROGRAMS

I am aware that participating in Pullman Parks and Recreation activities can be dangerous and involve **risk of injury**. I understand that the dangers and risks of participating in Pullman Parks and Recreation activities include, but are not limited to potential injury to the muscular-skeletal system as well as potential injury or impairment to other aspects of my body, general health and well being, and the cardio-vascular system. Participation in Pullman Parks and Recreation activities can result in joint related injuries, broken bones, cuts, bruises, dislocations, head-neck-and-back related injuries, etc.

In consideration for being permitted to participate in Pullman Parks and Recreation activities, I hereby voluntarily assume all risks of bodily injury or property damage associated with participation and agree to release and discharge the State of Washington, the City of Pullman, their agents, servants and employees, from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any Pullman Parks and Recreation activities except those which are caused solely by negligence of Releasee.

Further, I am in good health, and I know of no medical reason why I am not able to participate in Pullman Parks and Recreation activities. Additionally, If I have an existing medical condition, I will obtain a release from my doctor to participate in Pullman Parks and Recreation activities and I will present this release to participate to the Recreation Superintendent of Pullman Parks and Recreation located at the Pioneer Center, 240 SE Dexter prior to any participation in a Pullman Parks and Recreation program or event. Also, I agree to abide by the rules set forth by Pullman Parks and Recreation and the City of Pullman and their designated officials.

I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment of injuries that I may sustain while participating in Pullman Parks and Recreation activities.

I understand that it is my obligation to have a health insurance policy in effect while participating in any Pullman Parks and Recreation activity and to otherwise be responsible for any and all medical expenses which may be incurred as a result of an accident while participating or practicing in any Pullman Parks and Recreation activity.

I understand and agree that this General Release is governed by laws of the State of Washington and is intended to be as broad and inclusive as permitted by law and that if any part of it is held to be invalid, the balance of this General Release and Agreement to Participate shall continue in full force and effect.

I certify that I have carefully read all of the foregoing provisions, that I know and understand the contents hereof, that I have had the opportunity to seek legal counsel prior to signing it, and voluntarily sign this General Release and Agreement to Participate as my own free act.

PLEASE TURN OVER