

# LEWISTON PARKS & RECREATION FALL CO-ED VOLLEYBALL 20\_\_

TEAM NAME: \_\_\_\_\_

League: (circle one)      Fall      or      Winter      Monday      or      Tuesday

PLEASE Type or Print Clearly!

MANAGER'S NAME \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_



**PLAYER WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT**

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

- 1) *I voluntarily and of my own free will, elect to participate as a member of the volleyball team and in the league as indicated above.*
- 2) *I understand that there are certain inherent risks and hazards involved in participation that may result in injury or death to me and/or other players.*
- 3) *I release, discharge and agree not to sue the team, sponsors, officials, field/court owners, and/or the City of Lewiston.*

PLEASE TYPE OR PRINT CLEARLY

TEAM FEE RECEIPT #: \_\_\_\_\_

PLAYER NAME	ADDRESS	CELL PHONE	EMAIL ADDRESS	SIGNATURE	SHIRT SIZE
1.					
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