

# DECATUR PARKS AND RECREATION DEPARTMENT

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

**LEAGUE/TOURNAMENT**                     COED VOLLEYBALL                     **SEASON/YR**                     2018-19                    

TEAM NAME	DIVISION	MANAGER NAME	STREET ADDRESS	CITY, ST, ZIP	PHONE (H)
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**(CELL) 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. \_\_\_\_\_

**DECATUR PARKS AND RECREATION DEPARTMENT**  
**Official Team Roster, Player Waiver, Release of Liability and Indemnification Agreement**

**LEAGUE/TOURNAMENT** COED VOLLEYBALL **SEASON/YR** 2017-18

TEAM NAME                      DIVISION                      MANAGER NAME                      STREET ADDRESS                      CITY, ST, ZIP                      PHONE (H)

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1. Voluntarily and on my own free will, I elect to participate as a member of the team indicated above.
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	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. \_\_\_\_\_