

PARKS RECREATION DEPARTMENT

City of Dubuque, IA

Adult Volleyball League Roster/Waiver

DAY: _____ LEAGUE: _____ TEAM NAME: _____

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injury, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of participating in the program against the Parks & Recreation Department and its officers, agent, servant and employees. I do hereby fully release and discharge the City of Dubuque and its officers, agent, servant and employees from any and all claims from injuries, including death, damage or loss which I may have or which may occur to me on account of my participation in the program. I further agree to indemnify and hold harmless and defend the City of Dubuque and its officers, agent, servant and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program.

I have read and fully understand the above waiver and release of all claims. _____

Manager/Coach Signature

PLAYER NAME	ADDRESS	CITY	STATE	ZIP	PHONE	SIGNATURE
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