## FALL 2021 ADULT COED VOLLEYBALL

Team Name: \_\_\_\_\_

## AGREEMENT WAIVER OF LIABILITY

l,	, give my permission for my
child,	, who is under 18 years
of age, to attend and participate in the Adult athletic p	program sponsored by the City of Rowlett Parks
and Recreation Department, beginning	

I understand that this physical activity involves certain risks; and I hereby agree to hold harmless and waive any and all claims against the City of Rowlett, the Parks and Recreation Department, their agents, employees, referees, or scorekeepers on behalf of myself and the above mentioned minor child, for any accident or injury that my child may sustain while participating in the above-mentioned program.

I further attest that I am the parent or legal guardian of the above-mentioned child, and that I possess the legal right to enter into this Agreement.

Signature of Parent or Legal Guardian (To be signed in the presence of a Notary Public)

STATE OF TEXAS

COUNTY OF \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_ A.D., \_\_\_\_\_.

Notary Public

In and For the State of Texas,

My commission expires \_\_\_\_\_