

Roster and Participant Program Waiver and Release of Liability

Team Name _____ Season _____ Year _____

I hereby agree to fully abide by the rules and regulations established by the City of Hillsboro Parks and Recreation Department governing the Adult Volleyball program. Infraction of those rules can result in dismissal of the individuals involved from the program and possibly dismissal of the team.

There are significant elements of risk in any recreational program and activities associated with it including but not limited to the possibility of death by physical injury or loss of limbs, broken bones, internal injuries, head injuries, cuts, bruises, sprains, insect bites, allergic reactions and illness.

In consideration of participating and/or payment to the City of Hillsboro for the Adult Volleyball program, I recognize and acknowledge that there are inherent risks of physical injury to participants in this program(s). I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that I may sustain as a result of my participation. I further agree to waive, release and relinquish all claims of damages, demands, causes of action or suit, and liability of any nature arising from and out of my participation in this program(s) against the City of Hillsboro, its elected officials, agents, volunteers and employees.

I authorize the City of Hillsboro employees to seek medical treatment in the event of an accident or emergency. I understand that the City does not provide insurance coverage for this program(s) and further understand that the acquisition of insurance coverage is my personal responsibility.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims.

INSTRUCTIONS: PRINT or TYPE Fill out completely and accurately. Inaccurate information will be cause for non-acceptance.

Print Name	Residence Address <small>(Street Address and City)</small>	Home Phone	Signature Required
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			

FOR COMPANY TEAMS ONLY: I hereby certify that the above listed players are full-time employees of the _____ company in the City of Hillsboro.

Personnel Officer Signature: _____ Personnel Officer: _____ Phone Number: _____

All applicable Oregon Health Authority Guidelines and City of Hillsboro mandates will be followed during this program.

The City of Hillsboro's [policy for photography and videography](#) in public spaces and within City facilities has been updated.

Attendance at City of Hillsboro facilities, programs, and events may be digitally recorded through photographs or video recordings.

Your attendance or participation in the event or activity constitutes your permission for the City to use your photograph or recording in promotional and other communications to the public.

Community members who do not want to be photographed or recorded are responsible for removing themselves (or their children) from the area in which photographing/recording is occurring or notifying the camera operator of their preference to opt-out of photography and videography.

City of Hillsboro Photography & Videography Policy

Effective as of September 1, 2022

The City of Hillsboro uses photographs, photographic images, names, and audio and video recordings of community members, including City employees, for general communication in publications, on its website, on social media, in public relations, promotions, publicity, and advertising.

The City of Hillsboro is not able to collect release forms from all photo subjects for the use of images or video taken in the City of Hillsboro, within City facilities, at City events, during City programs, or in demonstration of City services.

By visiting a City facility, public property, participating in a City program or activity, or attending a City event, you (or for children under 18, your parent or guardian) consent to the capture and/or use of your image and/or voice by the City of Hillsboro and waive any claims or rights, whether in law or in equity unless you opt out as described below.

Community members who do not want to be photographed or recorded, or to have their names, voices, or biographical materials used in connection with any such recording, may opt-out by notifying City-affiliated photographers or videographers (or designated staff on site) for each event or activity. Please be aware that opt-out visual identification programs may not be offered.

While the City of Hillsboro will take reasonable measures to honor such requests, community members who do not want to be photographed or recorded are responsible for removing themselves (or their children) from the area in which photographing/recording is occurring or notifying the camera operator of their opt-out status so that their images can be identified and excluded as appropriate.

Failure to do so may result in the individual's inclusion in a photograph or recording; it will be deemed equivalent to a release and will allow the City to use that photograph or recording as it chooses, until the City is notified otherwise by the individual.