

2024
Kankakee Valley Park District
SAND VOLLEYBALL LEAGUE TEAM ROSTERS

PLEASE PRINT OR TYPE

TEAM NAME: _____

MANAGER NAME: _____ PHONE (H) _____ (W) _____

MANAGER ADDRESS: _____

EMAIL ADDRESS (Mandatory): _____

TEAM AND INDIVIDUAL PLAYER WAIVER

The BELOW SIGNED and undersigned acknowledge and agree to the following conditions for their team, in return for using a KVPD facility:

“As a participant in the sand volleyball program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with the sand volleyball program.”

“I agree to waive and relinquish all claims I may have as a result of participating in the sand volleyball program against the Kankakee Valley Park District and its officers, agents, servants, employees and their beneficiaries.”

“I do hereby fully release and discharge the Kankakee Valley Park District and its officers, agents, servants, employees including death, damages or loss which I may have or which may occur to me on account of my participation in the sand volleyball program.”

“I further agree to indemnify and hold harmless and defend the Kankakee Valley Park District and its officers, agents, servants, employees and their beneficiaries from any and all losses sustained 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 sand volleyball program.”

“I also agree that the K.V.P.D. maintains authority over all activities on Park District property and I will reimburse the Park District for any damage to the District’s property through misuse or deliberate action with malice.”

I understand too, that I must know the rules of the leagues as outlined in the LEAGUE CONSITUTION and am responsible for asking the team manager or site supervisor if I have any questions about any rules. I am responsible for my actions and also the actions of my family and fans during the season.

“I have read and fully understand the above Waiver and Release of All Claims.”

MANAGERS MAY PRINT ALL NAMES AND ADDRESSES ON ROSTER. ORIGINAL SIGNATURES ONLY.

ALL PLAYERS MUST SIGN ROSTER BEFORE THEY CAN PLAY IN THE LEAGUE.

PLEASE COMPLETE AND SIGN ROSTER ON OPPOSITE SIDE

2024
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SAND VOLLEYBALL LEAGUE TEAM ROSTER

PLEASE READ WAIVER

TEAM NAME: _____ MANAGER NAME: _____

<u>PRINT PLAYER NAME</u>	<u>PLAYER SIGNATURE</u>	<u>PLAYER ADDRESS</u>	<u>PHONE</u>
1)			
2)			
3)			
4)			
5)			
6)			
Substitutions:			
7)			
8)			

DATE: _____ MANAGERS SIGNATURE: _____

DATE: _____ RECREATION MANAGER: _____

CHANGES: _____