

Adult Volleyball Player Waiver

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY

1. First Name: _____
2. Last Name: _____
3. Address: _____
4. Phone Number: _____
5. Email: _____
6. Team Name: _____
7. Night of Play: Monday Coed Tuesday Coed Thursday Women's

PERMISSION TO PARTICIPATE, INDEMNIFICATION, AND WAIVER OF CLAIMS
THIS FORM MUST BE SIGNED BEFORE PARTICIPATION IN AN ACTIVITY - PLEASE READ CAREFULLY

IMPORTANT INFORMATION. The City of Moline, its Park and Recreation Board, and Moline Community Unit School District #40 (hereinafter collectively referred to as "Moline") is committed to conducting its recreation programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents/guardians registering their child/ward in recreation programs must recognize however, that there is an inherent risk of injury when choosing to participate. All participants must follow safety rules and instructions designed to protect the participants. By signing this document, participants and parents/guardians agree to follow all rules of conduct established in conjunction with the activity. Failure to follow the rules will result in removal from the activity and any fees paid will not be refunded.

WARNING OF RISK. Recreational activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Not all hazards and dangers can be foreseen. Depending on the particular activity, participants understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. It is recognized that it is impossible for Moline to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK. In signing this document and participating in the identified program(s), I am expressly assuming the risk and legal liability, waiving and releasing any and all claims for injuries, damages or loss which I or my minor child/ward might sustain arising out of, or as a result of, the activities of this program (including transportation services/vehicle operation, when provided, and exposure to communicable disease). I agree to release, waive, and hold harmless Moline, its agents, employees, volunteers, and contractors (collectively referred to as "Releasees") from any and all liability which may accrue to me or my minor child from participation in the identified program. This release waives all of my claims whatsoever, known or unknown, which may arise by virtue of participation in the activity, including injury, death, and/or damage to property, however such claim may arise, including but not limited to breaches of duty and acts of current or future negligence by Releasees, including but not limited to, negligent care, supervision, or control. This release waives any of my claims whatsoever against the Releasees arising from the action of any other participant in the activity or any other third party. This release also covers all activities immediately before and after participation, including transportation to or from the event and waiting for rides to or from the activity and/or facilities. This Permission to Participate is given in partial consideration of

*** If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.**
***Participation will be denied if signature of Adult Participant or Parent/Guardian of Minor and Date are not on this Waiver.**
***I have read and fully understand the above important information, warning of risk, waiver and release of all claims and assumption of risk, permission to secure treatment and photo/video authorization. I am signing this freely and without reservation or conditions.**

(IF YOU HAVE QUESTIONS ABOUT THIS DOCUMENT, DO NOT SIGN IT. CONTACT AN ATTORNEY TO ASSIST YOU.)

X
Signature of Participant

Date

Adult Volleyball League
Name of Program

Print Name of Parent, Guardian or Participant

Teresa Leedle-Recreation Specialist
Employee Accepting Registration

Date