Adult Volleyball Player Waiver

Print Name of Parent, Guardian or Participant

1.	PLEASE COMPLETE THIS First Name:		
2.	Last Name:		
3.	Address:		
4.	Phone Number:		_
5.	Email:		
6.	Team Name:		
7.	Night of Play: Monday Coed	l Tuesday Coed Thursday W	omen's
PERMISSION TO PARTICIPATE, INDEMNIFICTION, AND WAIVER OF CLAIMS THIS FORM MUST BE SIGNED BEFORE PARTICIPATION IN AN ACTIVITY - PLEASE READ CAREFULLY			
and Moline Community Unit School to as "Moline") is committed to cond	ity of Moline, its Park and Recreation Board, l District #40 (hereinafter collectively referred lucting its recreation programs and activities in	being allowed to participate and binds representatives, and any heirs or assigns. I recognize and acknowledge that there a	
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.		activity and I voluntarily agree to assume the full risk of any injuries, including death, damages or loss, regardless of severity, which my minor child/ward or I may sustain as a result of participation. I agree to waive and relinquish all claims my minor child/ward or I may have (or accrue to me or my child/ward) as a result of participating in the program against Releasees. I am, or my minor child is, able to participate without harm to my child/ward, myself or others. I will use any program equipment with care for myself, my child/ward, other participants, and the surroundings.	
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.		I agree to indemnify, defend and hold harmless Releasees from any and against all claims, cause, loss, cost, or damage whatsoever, including attorney fees, that arise from my, or my child's/ward's, participation in the activity, including, but not limited to damages for injury to me, my child, including death, and losses sustained by me or arising out of, connected with, or in any way associated with the activities of the program or another person. I am also agreeing to pay for any damage caused by me or my child during participation in the activity. In the event of emergency, I authorize Moline staff to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my, or my minor child's/ward's, immediate care and agree that I will be responsible for payment of any and all medical services rendered. In the event of injury, program	
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,		supervisors shall administer basic first aid via 911. Supervisors are not trained to pro without prior agreement, provide medicati responsibility. NO INSURANCE IS PRO PARTICIPANTS. All claims for reimbur emergency transportation, for me or my ch	If and shall summon emergency services wide detailed medical care and shall not, ions. All costs of emergency care are my VIDED BY MOLINE FOR INJURY TO sement of medical care costs, including
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		PHOTO POLICY. Moline may video tap enrolled in activities, classes, or program Moline parks. These photographs and/or v magazines, brochures, promotional litera signing below I agree that photos or videoroduced by Moline. I understand that parecordings of the participants and that recordings of public activities by third participants.	s or may take photographs of people in video tapes are for use in future program ture or for use on cable television. By eos may be used in promotion material trents or others may take audio or video Moline does not supervise or restrict
covers all activities immediately transportation to or from the event and/or facilities. This Permission to * If registering on-line or via fax, r	ity or any other third party. This release also before and after participation, including and waiting for rides to or from the activity Participate is given in partial consideration of ny on-line or facsimile signature shall substitu-		ned to survive and be binding. un 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			ult Volleyball League e of Program
Signature of Latticipant		- Ivalii	

Teresa Leedle-Recreation Specialist

Employee Accepting Registration

Date