

2019 NEW BERLIN RECREATION — WOMEN'S VOLLEYBALL ROSTER

Managers: Return this completed form along with payment to the Recreation Department no later than 4 pm. on September 6, 2019.

SPONSOR/ TEAM NAME: _____ MANAGER'S NAME: _____

E-MAIL: _____ PHONE #: (CELL) _____ (SECONDARY) _____

#	PLAYER NAME	EMAIL ADDRESS	PHONE #	CITY	SIGNATURE	DATE PD (Office Use)
1.						
2.						
3.						
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15.						

WARNING OF RISK

Volleyball is 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. All hazards and dangers cannot be foreseen. Certain risks include, but are not limited to, the acts of running, jumping, stretching, sliding, diving, collisions with other players and with stationary objects, act of God, inclement weather, horseplay, unsportsmanlike conduct, dangerous playing conditions, poor field conditions, defective equipment, equipment failure, premises defects, slip and falls, failure in supervision and officiating, and other circumstances inherent to sport of volleyball. In this regard, it is impossible for the City of New Berlin Recreation Department to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in the program/activity, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you might sustain as a result of participating in any and all activities connected with and associated with this program/activity. I do hereby represent that I am 18 years or older and request to participate in the City of New Berlin Recreation Department sponsored Adult Sports Program. I recognize and acknowledge there are certain risks of physical injury to participants in this program/activity, and 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 said participation. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of participating in this program/activity against the City of New Berlin including its officials, agents, volunteers, and employees.

I have read and fully understand the above warning of risk, assumption of risk and waiver and release of all claims. If waiver is submitted by facsimile, the facsimile signature shall substitute for and have the same legal effect as an original form signature.