

Moab City Recreation

2016-2017 Coed Volleyball League

Team Registration and Liability Waiver

I certify that I am in physical condition to participate in the Moab City Recreation Adult Volleyball Program during the months of October, November, December, January and February of 2016 and 2017. By my signature below I acknowledge that physical activities create inherent risks of injury to my person. I understand and am aware of the risks and hazards of participating in this program. I assume all risks associated with my participation in this program, even if those risks are caused by the negligence of someone else. I, hereby, for myself, and my heirs, do waive and release any and all rights and claims for damage or loss I may have against the City of Moab, its employees, or any volunteers assisting with the program, and for any and all injuries suffered by myself at any activity sponsored by the City of Moab Recreation Department, or as a result of my use of their equipment or facilities. I further understand that the City of Moab is under no obligation to provide me with medical care as a result of my participation in this program. **By signing this document I hereby verify that I am covered by insurance.**

<p>TEAM NAME:</p> <p style="text-align: center;">\$20 per player</p>	<p>Captain Name:</p> <hr/> <p>Phone:</p> <hr/>
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1.	Name: Signature: _____ Date: _____	Phone: Address: _____
2.	Name: Signature: _____ Date: _____	Phone: Address: _____
3.	Name: Signature: _____ Date: _____	Phone: Address: _____
4.	Name: Signature: _____ Date: _____	Phone: Address: _____
5.	Name: Signature: _____ Date: _____	Phone: Address: _____
6.	Name: Signature: _____ Date: _____	Phone: Address: _____
7.	Name: Signature: _____ Date: _____	Phone: Address: _____
8.	Name: Signature: _____ Date: _____	Phone: Address: _____