

**REYNOLDSBURG PARKS AND RECREATION DEPARTMENT  
ADULT VOLLEYBALL LEAGUES  
OFFICIAL ROSTER**

Player Waiver, Release of Liability and Indemnification Agreement

I, the undersigned player, acknowledge, agree and understand that:

1. Voluntarily and of my own free will, I elect to participate as a member of the volleyball team and league indicated below.
2. I understand that there are certain risks and hazards involved in participating in volleyball that may result in injury or death to me or to other players, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants.
3. I understand that sliding on the court and surround area is dangerous to me and to other players and may result in serious injury or death.
4. I understand that the very nature of the game of volleyball is hazardous and risky, including, but not limited to, the acts of throwing, serving, hitting, bumping, setting, spiking and catching of the ball, running, jumping, stretching, sliding, diving and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.

Further, I the undersigned player, agree that in consideration for the right to play as a member of the team designated below and in consideration for permission to play on the fields arranged for me by the team or league:

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the fields arranged for by me team or league for practice or play.
2. I release, discharge and agree not to sue the team and league designated below, the field owner or other entity designated below, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team league, or field for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

\_\_\_\_\_ Adult Coed Volleyball \_\_\_\_\_ City of Reynoldsburg  
 Name of Team Name of League Day of League Field Owner or Other Entity

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM. I AGREE TO PLAY WITH THE ABOVE MENTIONED TEAM FOR THE PLAYING SEASON OR UNTIL RELEASED BY SAID CLUB, ACCORDING TO THE RULES AND REGULATIONS OF THE CITY OF REYNOLDSBURG, PARKS & RECREATION DEPARTMENT.

Player Name (print)	Street Address	City, Zip	Phone #	DOB	Signature
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I, \_\_\_\_\_, being the manager of the above team, do hereby certify that all signatures on this official team roster are original and that failure to have the player personally sign the roster may subject the manager and player to suspension.

\_\_\_\_\_ Street Address \_\_\_\_\_ City, Zip \_\_\_\_\_ Phone \_\_\_\_\_ Date  
 Manager's Name (print)

Official Team Roster is void unless countersigned by the Division's Athletic Office.

**FAX # (614) 322-6880**  
 Original roster needs to be returned to the Department.

\_\_\_\_\_ Date Received  
 Department Representative