



Women's Volleyball Roster

Team Name:	
Manager/Coach:	
Home Phone:	Cell Phone:
Address:	
City/State/Zip:	
Email:	
<p>THERE IS A \$5 A DAY LATE FEE FOR ALL ROSTERS HANDED IN AFTER THE DEADLINE Roster deadline is the first game night of the season. Women's Volleyball Roster minimum of 6/maximum of 12.</p>	

Voluntary Waiver of Liability Agreement
(This Roster Affects Your Legal Rights Read Carefully Before Signing)

Team Managers/Coaches: Each player must sign their name on page two of this roster only after reading and understanding that this roster is a waiver of liability agreement. When your roster is filled, you as team manager/coach must read the statement below and sign this form before a witness.

STATEMENT OF MANAGER/COACH

I verify that each player listed is eligible according to league rules to play in the City of Elk River Parks and Recreation Women's Volleyball League and that each player individually has read and understands the waiver agreement.

Manager/Coach's Signature	Date	Witness	Date
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- I wish to participate in the City of Elk River Parks and Recreation Women's Volleyball League. I state and affirm that:
1. My participation is voluntary. No one is forcing me to participate.
 2. I acknowledge the Activity is NOT an ESSENTIAL service provided by the City.
 3. I understand and acknowledge the activity I am about to voluntarily engage in as a participant has certain risks. I understand these risks known or unknown, anticipated or unanticipated may result in injury, death, illness, disease or damage to my property, or myself or to other persons and their property.
 4. In consideration of being allowed to participate in this activity, I hereby personally assume all risks in connection with this activity and I hereby agree to hold the city, its officials, employees, agents and contractors harmless and I waive any right to make claims or bring lawsuits against the city or anyone working on behalf of the city for any injuries or damages related to the alleged negligence of the city.
 5. This waiver does not apply to any injuries or damages that are the result of any willful, wanton, or intentional misconduct by the City or anyone acting on behalf of the City.
 6. I understand that entering into and signing this agreement affects my legal rights and results in my giving up or waiving certain legal rights and I accept this and sign this agreement of my own free will.
 7. The terms of this agreement shall bind the members of my family, if I am alive, and my heirs, assigns and personal representatives if I am deceased.
 8. My signature indicates I have read this entire roster, understand it completely, acknowledge that it cannot be modified or changed in any way by oral representations, and agree to be bound by its terms.

Players Name												
Address												
City/Zip												
Phone												
Signature												