

# Chair Volleyball Program REGISTRATION AND LIABILITY WAIVER FORM

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_ F \_\_\_ M

Email Address: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

## IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

## LIABILITY WAIVER:

I am voluntarily participating in the Chair Volleyball Program and do hereby release, absolve, indemnify and hold harmless the City of Shelby Parks & Recreation Department, its employees and agents along with the program site facility from all accident and/ or liability claims resulting from injury or death while participating in the Chair Volleyball Program.

In case of injury or damage of any type whatsoever to myself, or that I may suffer, I hereby waive all claims, damages and/ or rights of action against the entities listed above while participating in the trip to the Chair Volleyball Program.

I, the undersigned, release and understand all the terms of this agreement and execute it voluntarily and with full knowledge of its significance. I will always show good sportsmanship.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Minors must have parental/ guardian consent and signature.*

Parental/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_