

ATHLETIC TEAM ROSTER FORMS

LEAGUE/TOURNAMENT: _____ Team Name: _____ Date: _____

I ACKNOWLEDGE THAT THERE ARE RISKS ASSOCIATED WITH MY ELECTION TO PARTICIPATE IN SAND VOLLEYBALL. I HEREBY ACKNOWLEDGE THAT I AM ASSUMING ALL OF THE RISKS AND HAZARDS INCIDENTAL TO PLAYING SAND VOLLEYBALL, THEREFORE, I:

1. AGREE TO WAIVE ANY AND ALL CLAIMS AGAINST THE CITY OF DENISON, TEXAS FOR PERSONAL INJURY AND PROPERTY DAMAGE EXPERIENCED BY ME ARISING OUT OF MY PARTICIPATION IN THE PROGRAM IDENTIFIED ABOVE AND AGREE TO RELEASE THE CITY OF DENISON, TEXAS FROM LIABILITY ASSOCIATED THEREWITH;
2. AGREE TO SAVE AND HOLD THE CITY OF DENISON, TEXAS, ITS OFFICERS AND EMPLOYEES HARMLESS FROM ANY AND ALL LOSS, PERSONAL INJURY LIABILITY, PROPERTY DAMAGE, OR CLAIM FOR PERSONAL INJURY OR PROPERTY DAMAGE INCURRED BY ME ARISING OUT OF MY PARTICIPATION IN THE PROGRAM IDENTIFIED ABOVE OR MY USE OF FACILITIES AND EQUIPMENT PROVIDED BY THE CITY OF DENISON WHETHER SUCH LOSS IS ALLEGED TO BE BY OMISSION OR COMMISSION OF THE CITY OF DENISON, ITS OFFICERS AND EMPLOYEES;
3. AGREE TO IDEMNIFY THE CITY OF DENISON, TEXAS, ITS OFFICERS AND EMPLOYEES FOR ANY AND ALL LOSSES, EXPENSES, AND COSTS OF DEFENSE INCURRED BY THE CITY OF DENISON, ITS OFFICERS AND EMPLOYEES WHICH ARISE OUT OF ANY CLAIM AGAINST ME ARISING OUT OF MY PARTICIPATION IN THE PROGRAM IDENTIFIED ABOVE;
4. AGREE TO PERMIT THE CITY OF DENISON'S PARKS AND RECREATION DEPARTMENT TO USE MY IMAGE IN ANY PARKS AND RECREATION PUBLICATION SOLELY FOR THE USE OF PROMOTING AND PROVIDING INFORMATION TO THE PUBLIC ABOUT RECREATIONAL PROGRAMS. MY IMAGE MAY NOT BE USED OR GIVEN FOR ANYTHING OUTSIDE PARKS AND RECREATION PROGRAMS FOR PUBLICATION;
5. AGREE THAT THIS WAIVER SHALL BE IN FULL FORCE AND EFFECT DURING THE TIME I OBSERVE OR PARTICIPATE IN THE PROGRAM IDENTIFIED ABOVE FOR FOUR YEARS FROM DATE OF PARTICIPATION;
6. HAVE READ AND AGREE TO ALL SAID RULES PROVIDED BY THE CITY OF DENISON. IT IS UNDERSTOOD THAT A VIOLATION OF RULES MAY LEAD TO A SUSPENSION OF THE ANY PARTICIPANT FOR A DETERMINED NUMBER OF GAMES OR SUSPENSION FOR THE ENTIRE SEASON. I HAVE READ ALL OF THE FOREGOING, UNDERSTAND ITS IMPORTANCE, AND VOLUNTARILY EXECUTE THIS SAND VOLLEYBALL ROSTER, PARTICIPANT WAIVER, RELEASE OF LIABILITY AND WAIVER OF ALL CLAIMS

I Have Read All of The Forgoing, Understand and its Importance and Voluntarily Execute this Application.

****All sections below must be completed by all players and turned in before the first game. Any additions must be added before the game starts.**

Player Name	DOB	E-mail	Home Address	Phone Number	Signature/ Parent signature (if under 18) - Handwritten
1)					
2)					
3)					
4)					
5)					
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17)					
18)					
19)					
20)					

****I, _____, CAPTAIN OF THE _____ SAND VOLLEYBALL TEAM PARTICIPATING IN THE 2024 SUMMER SIZZLER VOLEYBALL TOURNAMENT THROUGH DENISON PARKS AND RECREATION DEPARTMENT, VERIFY THAT I HAVE READ AND UNDERSTAND ALL RULES.**

Coach Signature: _____