



Volleyball Release Form and Roster

In consideration of my participation in the activities of the City of Green Parks & Recreation Division, I declare myself to be medically able to participate in the activities offered. I understand that there are risks which may include disabling injury and/or death involved in all physical demands related to the activities undertaken. I agree to hold harmless the City of Green and Green Local Schools and their respective officers, employees, members, volunteers, and sponsors, from any and all liability and do, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may accrue to me arising out of or connected with my participation in any of the activities of the City of Green Parks & Recreation Division and/or Green Local Schools. I acknowledge the particular hazards and potential danger of my participation in this activity. I give my permission to the representatives of the City of Green to secure appropriate medical treatment in case of an emergency. I understand that I am responsible for repairing or replacing any damages incurred to equipment or facilities caused by me.

Print Name	Signature	Date
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