

**OWENSBORO PARKS AND RECREATION
WINTER 2019 VOLLEYBALL LEAGUE
(Turn in roster before first match)**



TEAM NAME _____

Team Captain's Name _____

Address _____

Phone (Work) _____ (Home) _____

Individual signatures are required on Team Roster.

TEAM ROSTER

NAME (Print or Type)	SIGNATURE	ADDRESS	T-shirt Size	PHONE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

STATEMENT OF RELEASE

We, the above-signed, agree to indemnify and hold harmless the City of Owensboro, it's officials and employees, from and against any and all claims, suits, actions, damages and/or causes of action, brought by any person, or other entity, arising out of participation in this activity, for any personal injury, loss of life and/or property damage or loss, and from all costs, expenses and liability incurred, or order or judgment entered, as a result of any such claim, the investigation thereof or the defense of any action, including attorney's fees. I also give permission for treatment of any injury and/or illness in the event of an emergency and I am unable to give consent.