

Marshalltown Parks and Recreation Department League Roster/Liability Release

League (circle one):	Women's Volleyball A / B	Men's Volleyball
Team Name: _____	League Fee _____	Addl Pmt _____
	Player Fee _____	Addl Pmt _____

ADULT WAIVER, RELEASE, HOLD HARMLESS AND MEDICAL AUTHORIZATION FORM

Each of the undersigned, being an individual of legal age and under no legal disability, who is severally or jointly engaging in, or about to engage in or observe, an activity sponsored or co-sponsored by Marshalltown Parks & Recreation Department, Marshalltown, Iowa, and/or that person's spouse, if applicable, in partial consideration of Marshalltown Parks & Recreation Department's furnishing grounds or facilities for an activity, do hereby waive, release, hold harmless, acquit and forever discharge the City of Marshalltown, Iowa, its Parks & Recreation Department and its officers, employees, volunteers or agents from any and all liability arising out of my of, or my spouse's, participation of any activity, including injury while participating in or observing the activity, including any injury while on the premises immediately before or after the activity and including, but not limited to, actions for negligence. I (we) further agree:

1. This release, waiver, hold harmless agreement & medical authorization covers all injuries and damages, whether known or not and which may be discovered at any time in the future, all related to the activities mentioned herein.
 2. It is understood that no sum of money shall be received for any claim for such injury, no promise for any further consideration has been made by anyone.
 3. This release, waiver & hold harmless agreement is executed in reliance upon our knowledge, belief & judgment, & not upon any representations made by any person released, or others on his or her behalf.
 4. That this release, waiver, and agreement to hold harmless covers participation by the undersigned in any individual activity, or any activity during a league or organization year for such activity. The release, waiver and agreement to hold harmless is for activities engaged, participated in and/or observed from April 1, 2018 to March 31 of the following year.
 5. This release, waiver and agreement to hold harmless covers all claims mentioned above, including, but not limited to, claims based upon improper design, construction or maintenance of grounds or facilities provided for the athletic activity.
 6. I/We further recognize & agree that as participants or observers I/we shall bear the full responsibility of any loss or theft of personal items while engaging, participating, or observing in these activities.
 7. I/we also release any photographs, videos taken during the activity to be used by the City of Marshalltown for advertisements, training, or other purposes.
 8. I certify that I have had a physical examination & am physically able to participate in this activity.
 9. In the event of injury or illness, I hereby give my consent for medical treatment, & permission to program staff for supervising and performing, as deemed necessary by staff, on-site first aid for minor injuries, and for a licensed physician to hospitalize and secure property treatment (including injections, anesthesia, surgery, or other reasonable and necessary medical or surgical procedures) for me or my participant or observing spouse, if I am unable to provide that consent directly at the time, for any reason. I agree to assume all costs related to any such medical or surgical treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of this claim.
- THAT I/WE HAVE READ THE FOREGOING RELEASE, AND UNDERSTOOD ITS TERMS, AND FREELY VOLUNTARILY SIGN THE SAME. (Words and phrases herein shall be construed as in the singular or plural number, and as masculine, feminine or neuter gender, according to the context.) IF ANY PORTION OF THIS AGREEMENT IS DETERMINED TO BE LEGALLY UNENFORCEABLE FOR ANY REASON, THEN IT IS THE MUTUAL INTENT OF THE PARTIES THAT THE REMAINDER OF THE AGREEMENT SHALL BE ENFORCEABLE.

<p>Manager #1:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ Zip: _____</p> <p>Phone: () _____ DOB: / / _____</p> <p>Email: _____</p> <p>Signature: X _____</p> <p>Player #3:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ Zip: _____</p> <p>Phone: () _____ DOB: / / _____</p> <p>Email: _____</p> <p>Signature: X _____</p> <p>Player #5:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ Zip: _____</p> <p>Phone: () _____ DOB: / / _____</p> <p>Email: _____</p> <p>Signature: X _____</p>	<p>Manager #2:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ Zip: _____</p> <p>Phone: () _____ DOB: / / _____</p> <p>Email: _____</p> <p>Signature: X _____</p> <p>Player #4:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ Zip: _____</p> <p>Phone: () _____ DOB: / / _____</p> <p>Email: _____</p> <p>Signature: X _____</p> <p>Player #6:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ Zip: _____</p> <p>Phone: () _____ DOB: / / _____</p> <p>Email: _____</p> <p>Signature: X _____</p>
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**Marshalltown Parks and Recreation Department
League Roster/Liability Release**

Team Name: _____

Player #7:

Name: _____
Address: _____
City: _____ Zip: _____
Phone: () DOB: / / _____
Email: _____
Signature: X _____

Player #8:

Name: _____
Address: _____
City: _____ Zip: _____
Phone: () DOB: / / _____
Email: _____
Signature: X _____

Player #9:

Name: _____
Address: _____
City: _____ Zip: _____
Phone: () DOB: / / _____
Email: _____
Signature: X _____

Player #10:

Name: _____
Address: _____
City: _____ Zip: _____
Phone: () DOB: / / _____
Email: _____
Signature: X _____

Player #11:

Name: _____
Address: _____
City: _____ Zip: _____
Phone: () DOB: / / _____
Email: _____
Signature: X _____

Player #12:

Name: _____
Address: _____
City: _____ Zip: _____
Phone: () DOB: / / _____
Email: _____
Signature: X _____

Player #13:

Name: _____
Address: _____
City: _____ Zip: _____
Phone: () DOB: / / _____
Email: _____
Signature: X _____

Player #14:

Name: _____
Address: _____
City: _____ Zip: _____
Phone: () DOB: / / _____
Email: _____
Signature: X _____

Player #15:

Name: _____
Address: _____
City: _____ Zip: _____
Phone: () DOB: / / _____
Email: _____
Signature: X _____

Player #16:

Name: _____
Address: _____
City: _____ Zip: _____
Phone: () DOB: / / _____
Email: _____
Signature: X _____