DOWNERS GROVE PARK DISTRICT
FALL 2011 ADULT VOLLEYBALL LEAGUE ROSTER

League: Men's AA A B Women's Comp AA A1 A2 A2 B Women's Rec A B Co-rec A1 A2 B1 B2
(Circle which league you are signing up for)

Team Name:_____ **Captain:**_____

Address:_____

Home Phone:_____ **Work Phone:**_____ **Email:**_____

Asst. Captain:_____ **Address:**_____

Home Phone:_____ **Work Phone:**_____ **Email:**_____

PARK DISTRICT PROGRAM WAIVER & RELEASE OF ALL CLAIMS

Please read the statement on the bottom of this page carefully and be aware that in signing and participating in this program you will be waiving and releasing all claims for any injuries you might sustain arising from this program.

I have read and fully understand the Waiver & Release of all Claims on the bottom of this page.

NAME	PHONE	STREET ADDRESS, CITY	R/NR	SIGNATURE

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing up and participating in the above identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the Downers Grove Park District, including its officials, agents, volunteers and employees (hereinafter collectively referred as "District").

I do hereby fully release and forever discharge the District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering via fax, facsimile signature shall substitute for and have the same legal effect as an original form signature.