Player Waiver, Release of Liability and Indemnification Agreement

I, the undersigned player, acknowledge, agree and understand that;

1. Voluntarily and of my own free will, I elect to participate as a member of the adult volleyball team and league indicated below.
2. I understand that there are certain risks and hazards involved in participating in adult volleyball that may result in injury or death to me or other players, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants.
3. I understand that the very nature of the game of adult volleyball is hazardous and risky, including, but not limited to the acts of serving, bumping the ball, spiking, jumping, stretching, sliding, diving and collisions with other players and with stationary objects all of which can cause serious injury or death to me and to other players.

Further, I, the undersigned player, agree that in consideration for the right to play as a member of the team designated below and in consideration for permission to play on the fields arranged for by the team or league:

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the fields arranged for by my team or league for practice or play.
2. I release, discharge and agree not to sue the team and league designated below, the field owner or other entity designated below, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field or for any claim damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

_____	Adult Volleyball	City of Blue Springs
Name of Team	League & Night of Play	Field Owner or Other Entity

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILTIY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

NAME OF PLAYER (PRINT)	SIGNATURE OF PLAYER	DATE
NAME OF MANAGER	SIGNATURE OF MANAGER	DATE

MANAGER'S ADDRESS DAYTIME PHONE EVENING PHONE

******MUST BE SIGNED BY EACH INDIVIDUAL PLAYER AND TURNED IN TO THE SCOREKEEPER OR PARKS AND RECREATION OFFICE **PRIOR TO YOUR FIRST GAME****