



Clark County Parks and Recreation OFFICIAL VOLLEYBALL ROSTER FORM 4—PERSON

TEAM NAME: _____ **LEAGUE:** CoEd Men's
SEASON: _____ **WEEK DAY:** M T W TH F
YEAR: _____ **DIVISION:** Nov. Inter. Comp.
SITE: Silverado Desert Breeze Sunset Whitney

LIABILITY WAIVER: I acknowledge that I am voluntarily participating in the Adult Volleyball League, and I knowingly and freely assume all risks arising from or related to my participation, including all risks to my life, health, safety, and property, both known and unknown. I understand that by participating in the Adult Volleyball League there is a risk of injury, either caused by accidental means or by third parties who are participating or spectators. **I expressly understand and agree that neither Clark County nor any of its officers, agents, volunteers, assistants or employees shall be held liable or made the subject of any claim or lawsuit for personal injury, property damage or loss of any other sort arising from my actual or proposed participation in the Adult Volleyball League and I hereby agree to indemnify and hold Clark County, its officers, agents, volunteers, assistants, or employees harmless on account of any such claim. I understand and agree to hold harmless Clark County and its officers, agents, volunteers, assistants, and/or employees for any injury I may incur including, but not limited to, injuries purportedly arising from the negligence of Clark County or one of its officers, agents, volunteers, assistants, or employees.** I further acknowledge that Clark County provides support for the Adult Volleyball League as a service to the community at large and that this support does not create a special duty to me or any other person, individually.

RULES AND REGULATIONS: I acknowledge that it is my responsibility to read, understand, and adhere to the rules and regulations of the Adult Volleyball League. I recognize that the rules may be periodically updated and agree to review any updates as they are issued.

I understand that incomplete information on the roster will result in it being returned for correction, and that rosters will be locked after the third night of play. Only one roster per team is allowed.

Coach's Name - Please Print <i>(Last Name, First Name)</i>	Coach's Signature I hereby confirm that I have read, fully understand, and agree to the terms outlined in the Liability Waiver and the Rules and Regulations.	Contact #
1.)	1.)	

The "Team Coach" is the person who registered the team.

Player's Name - Please Print <i>(Last Name, First Name)</i>	Player's Signature I hereby confirm that I have read, fully understand, and agree to the terms outlined in the Liability Waiver and the Rules and Regulations.	Contact #
2.)	2.)	
3.)	3.)	
4.)	4.)	
5.)	5.)	
6.)	6.)	
7.)	7.)	
8.)	8.)	



Clark County Parks and Recreation OFFICIAL VOLLEYBALL ROSTER FORM 6—PERSON

TEAM NAME: _____	LEAGUE:	CoEd	Men's
SEASON: _____	WEEK DAY:	M	T W TH F
YEAR: _____	DIVISION:	Nov.	Inter. Comp.
SITE:	Silverado	Desert Breeze	Sunset Whitney

LIABILITY WAIVER: I acknowledge that I am voluntarily participating in the Adult Volleyball League, and I knowingly and freely assume all risks arising from or related to my participation, including all risks to my life, health, safety, and property, both known and unknown. I understand that by participating in the Adult Volleyball League there is a risk of injury, either caused by accidental means or by third parties who are participating or spectators. **I expressly understand and agree that neither Clark County nor any of its officers, agents, volunteers, assistants or employees shall be held liable or made the subject of any claim or lawsuit for personal injury, property damage or loss of any other sort arising from my actual or proposed participation in the Adult Volleyball League and I hereby agree to indemnify and hold Clark County, its officers, agents, volunteers, assistants, or employees harmless on account of any such claim. I understand and agree to hold harmless Clark County and its officers, agents, volunteers, assistants, and/or employees for any injury I may incur including, but not limited to, injuries purportedly arising from the negligence of Clark County or one of its officers, agents, volunteers, assistants, or employees.** I further acknowledge that Clark County provides support for the Adult Volleyball League as a service to the community at large and that this support does not create a special duty to me or any other person, individually.

RULES AND REGULATIONS: I acknowledge that it is my responsibility to read, understand, and adhere to the rules and regulations of the Adult Volleyball League. I recognize that the rules may be periodically updated and agree to review any updates as they are issued.

I understand that incomplete information on the roster will result in it being returned for correction, and that rosters will be locked after the third night of play. Only one roster per team is allowed.

Coach's Name - Please Print <i>(Last Name, First Name)</i>		Coach's Signature I hereby confirm that I have read, fully understand, and agree to the terms outlined in the Liability Waiver and the Rules and Regulations.		Contact #
1.)		1.)		
<i>The "Team Coach" is the person who registered the team.</i>				
Player's Name - Please Print <i>(Last Name, First Name)</i>		Player's Signature I hereby confirm that I have read, fully understand, and agree to the terms outlined in the Liability Waiver and the Rules and Regulations.		Contact #
2.)		2.)		
3.)		3.)		
4.)		4.)		
5.)		5.)		
6.)		6.)		
7.)		7.)		
8.)		8.)		
9.)		9.)		
10.)		10.)		
11.)		11.)		
12.)		12.)		