

# LEWISTON PARKS & RECREATION CO-ED VOLLEYBALL 2020

**TEAM NAME:**

League: (circle one)    Monday    or    Tuesday

PLEASE Type or Print Clearly!

**MANAGER'S NAME**

**EMAIL ADDRESS:**

**ADDRESS:**

**CITY:**

**ZIP:**

**CELL PHONE:**

**HOME PHONE:**

**WORK PHONE:**



**PLAYER WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT**

*I, the undersigned player, acknowledge, agree, and understand that:*

- 1) *I voluntarily and of my own free will, elect to participate as a member of the softball team and in the league as indicated above.*
- 2) *I understand that there are certain inherent risks and hazards involved in participation that may result in injury or death to me and/or other players.*
- 3) *I release, discharge and agree not to sue the team, sponsors, officials, field/court owners, and/or the City of Lewiston.*

**PLEASE TYPE OR PRINT CLEARLY**

**TEAM FEE RECEIPT #:**

<b>PLAYER NAME</b>	<b>ADDRESS</b>	<b>CELL PHONE</b>	<b>EMAIL ADDRESS</b>	<b>SIGNATURE</b>
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