

## Volleyball League Participant Registration Form

### Participant (Please print)

Name \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ D.O.B. \_\_\_\_\_

Team Name \_\_\_\_\_

T-Shirt Size       Small     Medium     Large     XL     XXL     XXXL

### Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_

### Participant Waiver

**LIABILITY WAIVER AND RELEASE/ASSUMPTION OF RISK.** I fully comprehend the risk of personal injury that may arise from my participation in Volleyball League games. I further waive any and all claims of any kind that I may have or claim to have for personal injury, illness, and property damage resulting from my participation in any and all Volleyball League games, meetings and activities, against the City of Tyler, and hereby release the foregoing from liability for any such claims which may arise from or occur as a result of my participating in the Volleyball League.

**INDEMNITY.** In further consideration of the opportunity to participate in the Volleyball League, I hereby agree to indemnify and hold harmless the Released Parties from and against any and all claims of third parties, including but not limited to fellow employees and members of the public, for personal injury, illness, and /or property damage which may result from or be caused by my own intentional, deliberate or negligent conduct. This indemnity shall survive regardless of when such claims are asserted.

**CERTIFICATION OF GOOD HEALTH.** I certify that I am in good physical health, and have no physical condition, impairment, disease, illness, or history of chronic respiratory or circulatory ailments, including heart disease or blockage, that would prevent or jeopardize my safe participation or place me at risk of further injury, illness or death during my participation. If I have any of the aforementioned diseases or ailments that could prevent or jeopardize my safe participation or place me at risk of further injury, I am advised to seek physician clearance prior to participation in ANY Volleyball League games or activities.

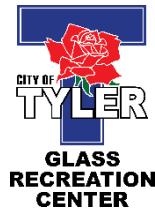
**PERMISSION TO USE NAME AND PHOTO.** I hereby grant my permission to the Volleyball League for the free use of my name and photograph in any print media, social media, broadcast, telecast, or video account of any Volleyball League game and/or activity.

**In signing this consent form, I affirm that I have read, accept and understand this form in its entirety and that I understand the nature of the Volleyball League. I know that there may be risks associated with such activities and willingly accept those risks. I know that it is my responsibility to ensure my own safety. I take full responsibility for my own health and safety in participating in the activities and to the extent I deem advisable, will consult a physician before participating in the activities. I agree to pay all medical costs I incur, if any, that may be related to participation in these activities. I fully accept all terms, conditions, and provisions, and I have not altered the form in any way.**

Therefore, intending to be bound and as a condition of being allowed to participate in the Volleyball League I have freely signed this waiver, on this the \_\_\_\_\_ day of \_\_\_\_\_, 2023.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## Women's Volleyball Team Roster

Team Name: \_\_\_\_\_

Captain Name: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Address: \_\_\_\_\_

**In case of changes an email or text will be sent out to inform coaches**

I am registering my team for the following League: Women's

|    | PLAYER NAME |
|----|-------------|
| 1  |             |
| 2  |             |
| 3  |             |
| 4  |             |
| 5  |             |
| 6  |             |
| 7  |             |
| 8  |             |
| 9  |             |
| 10 |             |
| 11 |             |
| 12 |             |

Be sure that waivers for ALL participants are included with this roster. Scan roster to  
[hgrayson@tylertexas.com](mailto:hgrayson@tylertexas.com)

