

DEARBORN RECREATION VOLLEYBALL ROSTER 2011

AGREEMENT:

I HEREBY AGREE TO RELEASE AND WAIVE ALL CLAIMS FOR INJURIES, DAMAGES, LOSSES, OR ACTIONS, ARISING OUT OF MY PARTICIPATION IN EVENTS SPONSORED BY THE CITY OF DEARBORN RECREATION DEPT.

A player may be released with the knowledge of the manager.

TEAM NAME _____

E-MAIL _____

MANAGER _____

HOME PHONE _____

ADDRESS _____

WORK PHONE _____

E-MAIL _____

By signing the below roster, the individual acknowledges that they have read and understand the indemnification agreement on the reverse side of the roster.

<i>Player Name</i>	<i>Player Signature</i>	<i>Address</i>	<i>City</i>	<i>Zip</i>	<i>D.O.B.</i>	<i>Phone #</i>
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
11)						
12)						
13)						
14)						
15)						

I HEREBY CERTIFY that I have inspected this roster. I understand that if my team uses an illegal player the team will forfeit the game, the entire deposit will be forfeited and I will be suspended for one (1) year from all recreational sports programs.

Manager's Signature _____

Date _____