



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

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

LIABILITY WAIVER

I acknowledge that I am voluntarily participating in the above-named program, 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 above-named program 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 above named program, 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 above-named program 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.

Please provide complete information below. Roster will not be accepted with missing information and will be returned to the team to provide missing information. Rosters lock after the 3rd night.

Coach's Name - Please Print <i>(Last Name, First Name)</i>		Coach's Signature <i>I have read and fully understand the above statement of the Liability Waiver</i>		Contact #
1.)		1.)		
Coach's E-mail:				
Player's Name - Please Print <i>(Last Name, First Name)</i>		Player's Signature <i>I have read and fully understand the above statement of the Liability Waiver</i>		Contact #
2.)		2.)		
3.)		3.)		
4.)		4.)		
5.)		5.)		
6.)		6.)		



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

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

LIABILITY WAIVER

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Player's Name - Please Print <i>(Last Name, First Name)</i>		Player's Signature <i>I have read and fully understand the above statement of the Liability Waiver</i>		Contact #
2.)		2.)		
3.)		3.)		
4.)		4.)		
5.)		5.)		
6.)		6.)		
7.)		7.)		
8.)		8.)		
9.)		9.)		
10.)		10.)		