LONGMONT RECREATION SERVICES – 2019 INDOOR VOLLEYBALL ROSTER FORM

TEAM NAME: ___________________________ Previous Team Name: ___________________________ Sport/Season_____________________

MANAGER: ____

Name **Address** **City/Zip**

____ ____________________________ _________________________________

Email address **Primary Phone** **Secondary Phone**

I, ____, as a representative of the team ____________________________, do hereby state that our team will abide by the City of Longmont Recreation Division policies and have read and understand the rules and regulations of this league.

Signed ____ Date: ________________

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LIABILITY WAIVER

I understand that there are certain risks involved with participation in any recreational activity. I expressly understand, agree that neither the City of Longmont Colorado, a municipal corporation, nor any of its officers, agents, volunteers, assistants, or employees, shall be held responsible or made subject to any claims, including any claim for negligence, seeking to assess damages or liability for or arising from personal injury or property damage to myself or other person in whose behalf this form is now signed as a result of actual or proposed participation in the above named programs. I, on behalf of myself and my family, hereby agree to HOLD THE CITY OF LONGMONT, ITS OFFICERS, AGENTS, VOLUNTEERS, ASSISTANTS, AND EMPLOYEES, HARMLESS ON ACCOUNT OF ANY SUCH CLAIM.

	Res	NR	NAME [please print legibly]	ADDRESS	CITY	ZIP	PHONE	BIRTHDATE	SIGNATURE
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