



RELEASE OF LIABILITY AND INDEMNIFICATION WEST HAVEN PARK & RECREATION ADULT VOLLEYBALL PROGRAM

As a participant/player on a team in the West Haven Park-Recreation Adult Volleyball League acknowledge, agree and understand the following:

- 1) Voluntarily and of my own free will, I elect to participate in the sport of volleyball. I understand that there are certain risks and hazards involved in participating in volleyball that may result in serious injury or death to me or other players, including but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants.
- 2) I understand that the very nature of the game of volleyball is hazardous and risky, including but limited to, diving, jumping, and collisions with other players and stationary objects, all of which can cause serious injury or death to me and/or other players.

Further, I agree that in consideration for the right to play as a member of the team designated on this roster and who is a **minimum of 18 years of age**, voluntarily acknowledges participating on the courts arranged by W.H.P.R. program representative:

- 1) I voluntarily elect to accept and assume all risks of injury incurred by me
 - a. While playing as a member of the team so designated
 - b. While serving in a non-playing capacity as a team member during practice or play by other teams or by the players on my team.
 - c. While on or upon a premises of any court arranged for by my team or league for practice or play.

I release, discharge and agree not to sue the team, the league, the City of West Haven, the West Haven Recreation Dept., it's agents or employees for any claim, damages, costs, or cause of action which I have or may have in the future as a result of injuries or damages sustained or incurred by me.

I also acknowledge that the City of West Haven provides no medical insurance coverage for any accident that may be incidental to my membership in the West Haven Parks and Recreation Adult Volleyball League.

I hereby make application for individual membership in the West Haven Park and Recreation Adult Volleyball Program and agree to fully comply with all provisions set forth in the league rules of the West Haven Adult Recreation Volleyball League and the City of West Haven Parks and Recreation Dept. By signing the team roster form (opposite page) I voluntarily wish to participate for the _____ (year) season.