



**PERMISSION FOR MINOR
TO PARTICIPATE IN
ADULT VOLLEYBALL LEAGUE**

I give permission for _____, _____
Participant's Name Age

to participate in the Owensboro Parks & Recreation Volleyball League (must be at least 16 years of age).

Statement of Release

I/We agree to indemnify and hold harmless the City of Owensboro, its officials and employees, from and against any and all claims, suits, actions, damages and/or causes of action, brought by any person, or other entity, arising out of participation in this activity, for any personal injury, loss of life and/or property damage or loss, and from all costs, expenses and liability incurred, or order or judgment entered, as a result of any such claim, the investigation thereof or the defense of any action, including attorney's fees. I/We further acknowledge that by signing this release, I/We voluntarily assume the risk of a pandemic or contagious disease as a result of participation, and any resulting personal injury, illness, permanent disability, and death as a result thereof. I also give permission for treatment of any injury and/or illness in the event of an emergency and I am unable to give consent. A copy of this authorization shall be as effective as the original.

***BY SIGNING BELOW I ACKNOWLEDGE I HAVE READ, UNDERSTAND AND
AGREE TO THE ABOVE STATEMENT.***

Signature of Parent/Guardian:

Print Name of Parent/Guardian

Date