

OWENSBORO PARKS & RECREATION
WINTER 2024 VOLLEYBALL LEAGUE
(Turn in roster before first match)



TEAM NAME _____

Team Captain's Name _____ Email Address _____

Home Address _____

Phone (Mobile) _____ (Work) _____

All rosters must be completely filled out with individual signatures and 8 players are required.

TEAM ROSTER

NAME (Print)	SIGNATURE	EMAIL ADDRESS	SHIRT SIZE	PHONE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

STATEMENT OF RELEASE

By signing above I acknowledge I have read, understand, and agree to the following Statement of Release: I 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 further acknowledge that by signing this release, I 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.