



2024 Fall Volleyball Roster

(Turn in the roster before the first match)

TEAM NAME _____

Team Captain's Name _____

Email Address _____

Home Address _____

Phone (Mobile) _____ (Work) _____

STATEMENT OF RELEASE

By signing, 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.

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

NAME (Print)	SIGNATURE	EMAIL ADDRESS	SHIRT SIZE	PHONE
1.				
2.				
3.				
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12.				