

# KPRD Official Waiver & Release of Liability



## Adult Volleyball Team Roster

Team Name: \_\_\_\_\_

Year: \_\_\_\_\_ Season(Winter, Spring): \_\_\_\_\_ Day (Sun, Tues): \_\_\_\_\_ League (A, B): \_\_\_\_\_

Team Captain/Coach: \_\_\_\_\_ Captain Phone #: \_\_\_\_\_

Print or Type Player's Name	Date of Birth	Gender (M/F)	Player Signature	Email Address
1.				
2.				
3.				
4.				
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18.				
19.				
20.				

**All players shall read the following page before signing.**



## KPRD Official Roster LIABILITY WAIVER



I, the signed player or the parent or legal guardian of a minor player named on this roster, acknowledge, agree and understand that: 1.) Voluntarily and of my own free will, I elect to participate (or for my minor player to participate) as a member of the athletics team and league indicated below. 2.) I understand that there are certain risks and hazards involved in participating in athletics including, but not limited to those associated with weather conditions, playing conditions, equipment and other participants in addition to the activities that can cause injury or death to me (or my minor player) and to the other players. Further, I agree that in consideration for right to play as a member of the team designated below and in consideration for permission to play at the facilities arranged for by the team or league: 1.) I voluntarily elect or accept and solely assume all risk of damages, injury, including death, incurred or suffered by me (or my minor player) (a) while practicing or playing as member of the team so designated, (b) while serving in a non-playing capacity as a team member or observer during practice or play by other teams or by other players on my (or my minor player's) team, and (c) while on or upon the premise of any and all of the facilities arranged for by my (or my minor player's) team or league for practice or play. 2.) I release, discharge and agree not to sue the City of Knoxville or their officers, umpires, agents, servants, associations, employees, or any person or entity connected with the team, league, facility or City of Knoxville for any claim, damages, cost or cause of action which I (or my minor player) have or may in the future have as a result of injuries or damages sustained or incurred by me (or my minor player) for whatever cause including, but not limited to the negligence, breach of contract or wrongful conduct of these parties hereby released. I further agree that I shall hold harmless and fully indemnify the parties hereby released from any claims, damages, costs including attorney fees, and cause of action which may arise from any claim or cause of action made by me, through me or on my behalf (or by, through or on behalf of my minor player) even if the damages, injuries or death are caused in whole or in part by any of the parties or entities hereby released, I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

### PLAYER AFFIDAVIT

EACH PLAYER SHOULD READ THE FOLLOWING STATEMENT BEFORE COMPLETING AND SIGNING INVERSE PAGE. I have received the City of Knoxville by laws and I understand and agree to be bound by the rules of the CITY OF KNOXVILLE. I am a member in good standing of the City of Knoxville Recreation Department and am eligible to compete with this team. I understand that I may play on only one team within a division during the season and this is the team I have elected to play for this season. I understand and agree that the City of Knoxville has the right to take permanent possession of equipment that has been determined to be altered. In consideration of my being permitted to compete, I hereby give permission to the City of Knoxville and its local associations to use in any and all publications that they may desire, all pictures taken of the undersigned in their publicizing the City of Knoxville. I hereby subscribe my name in the column for signatures and by doing so certify that I have read this statement and that information supplied on this roster is correct to the best of my knowledge.

### CONSENT TO PUBLICATION:

I give permission for the free use of my name and picture, or video, in any newspaper article, website, broadcast, release, or other such account of this event.

### CONSENT TO COMMUNICATION:

I understand that by providing mailing address, telephone number, and email address I consent to receive communications sent by or on behalf of the City of Knoxville.

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### PARENT/GUARDIAN AFFIDAVIT

IF THE PLAYER IS A MINOR, HIS OR HER PARENT OR LEGAL GUARDIAN MUST SIGN ROSTER ON INVERSE PAGE. NOTE: FOR ALL YOUTH DIVISIONS, VERIFICATIONS OF BIRTH DATE FOR EACH PLAYER MUST BE ATTACHED (BIRTH CERTIFICATES) legible color photocopies will also need to be attached. I HEREBY GIVE PERMISSION TO THE TEAM MANAGER, INDICATED BELOW, TO OBTAIN MEDICAL TREATMENT FOR THE MINOR PLAYERS, WHICH I AM EITHER PARENT OR LEGAL GUARDIAN, IN THE EVENT THAT I AM NOT AVAILABLE AND MEDICAL TREATMENT IS REQUIRED. On behalf of the minor player, I hereby incorporate by reference and agree to comply with the policies stated in the player affidavit. I hereby give permission to the City of Knoxville and its local associations to use in any and all publications that they may desire, all pictures taken of the minor player in their publicizing their recreation department. I hereby subscribe my name in the column for signatures and by doing so certify that I have read this statement and that information supplied on this roster is correct to the best of my knowledge.