



SPRINGVILLE CITY RECREATION
Women's Volleyball

TEAM ROSTER

Team Name _____ League _____

Team Captain _____ Phone _____ (Cell) _____ (Home)

Co- Captain _____ Phone _____ (Cell) _____ (Home)

Player's Name	Address	City	Email	Phone	Age
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					



SPRINGVILLE CITY RECREATION RELEASE FORM

I acknowledge that this athletic event or program is an extreme test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, water conditions, weather, condition of athletes' equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event, and lack of hydration. I hereby assume all of the risks of participating in these events.

I certify that I am physically fit, have sufficiently trained for participation in this event or program, and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Wavier and Release of Liability (AWRL) form will be used by Springville City and the holders, sponsors and organizers of the event or program in which I may participate and that it will govern my actions and responsibilities at said event or program.

In consideration of my application and permitting me to participate in this event or program, I hereby for myself, my executors, administrators, heirs next of kin, successors, and assigns: (A) Release and Discharge Springville City and its directors, officers, elected officials, employees, volunteers, representatives and agents, the event holders, event sponsor, event directors and event volunteers from any and all claims and liability for my death, disability, personal injury, property damage, property theft or otherwise which may hereafter arise from my participation in or traveling to or from this event or program. (B) Agree to Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of any of my actions during this event or program.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident and/or illness during this event or program. This release will authorize Utah Valley Regional Medical Center and the Springville City Ambulance service to provide medical treatment in the event of an accident or illness suffered by me while participating in the recreation program of Springville City. I understand that these services are provided at my expense.

I understand that at this event or related activities, I may be photographed I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns.

This AWRL shall be construed broadly to provide a release and wavier to the maximum extent permissible under applicable law.

THIS RELEASE PERTAINS TO ALL SPRINGVILLE CITY RECREATION ACTIVITIES.

Your signature indicates that you have read and understand this Release Form

Name(print) _____ Signature _____ Date _____

Name(print) _____ Signature _____ Date _____

Name(print) _____ Signature _____ Date _____

Name(print) _____ Signature _____ Date _____

Name(print) _____ Signature _____ Date _____

Name(print) _____ Signature _____ Date _____

Name(print) _____ Signature _____ Date _____

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