Team Waiver
Adult Volleyball 2024

Team Name _____ Captain Name _____

I _____understand that it is my responsibility, as captain of the team, to see that each team member understands and abides by the league rules and the player code of conduct. I hereby affirm that each player participating on this team has read the personal release statement below and signed his/her name.

** **ALL PLAYERS PLEASE NOTE:** Signature indicates that you have read the information printed below.

PERSONAL RELEASE STATEMENT: I understand that the registered activities and services may have an element of hazard or inherent danger and I take full responsibility for my actions and physical condition. I agree to release, indemnify and hold Provo City Corporation, its employees, sponsors, and volunteers from any liability, loss, cost or expense (including attorney's fees, medical and ambulance costs) that I may incur while participating in Parks and Recreation Activities. I give permission to use my photograph to publicize Provo City programs and services.

	Name	Phone	Signature	Conduct Violations
1				/
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4				/
5				/
6				/
7				/
8				/
9				/
10				/
11				/
12				/
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14				/
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