

# 2019 Rockford Adult Sand Volleyball Leagues - Roster/Waiver

<b>Team Name:</b>	<input type="checkbox"/> <b>Women's 4s Power (Sundays)</b>
	<input type="checkbox"/> <b>Co-Ed 4s (Mondays)</b>

<b>Manager</b>	<b>Email</b>	<b>Cell</b>
<b>Address</b>	<b>City/State</b>	<b>Zip</b>

I hereby, for myself, children, executors, administrators or anyone else who might claim on my behalf, covenant not to sue and waive, release and discharge the Rockford Community Center, Rockford ISD 883, and all employees of previously listed entities, as well as, anyone acting on their behalf, from any and all claims or liability for death, personal injury, or property damage of any kind arising out of or in the course of my participation in this program. This release extends to all claims of very kind and nature whatsoever, foreseen, unforeseen, known, unknown.

	<b>Player's Name</b>	<b>Player's signature</b>	<b>Cell Phone</b>	<b>Email (required)</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				
<b>10</b>				
<b>11</b>				
<b>12</b>				

**Submit Form:** to Coordinator on or before the first game day.