

Women's Volleyball League Roster/Waiver - 2019

Team Name _____ Team Captain _____

Mailing Address _____ City _____ Main Contact # _____

E-Mail Address _____

Roster: All players must be 18 years of age & older to participate, and not currently playing on a high school or college team.

	<u>Player Name</u>	<u>Shirt Size</u>	<u>Signature</u>
1.	-----		
2.	-----		
3.	-----		
4.	-----		
5.	-----		
6.	-----		
7.	-----		
8.	-----		
9.	-----		
10.	-----		
11.	-----		
12.	-----		

REFUND POLICY: As deemed necessary the City of Iola Recreation Department may refund fees and cancel any program with insufficient enrollment response. Otherwise, no refunds will be provided! **WAIVER:** By signing this form, I hereby agree to accept all of the risks of injury or accident that may arise during this activity. I agree to release the City of Iola, their employees, agents, representatives, instructors, coaches, officials and all volunteers associated with this program from any liability resulting from any circumstances that may arise in connection with the program. **ZERO TOLERANCE POLICY:** All players are to abide by the rules and policies of the game. We expect all parties to maintain a positive attitude and uphold the ideals of fair play and good sportsmanship behavior. All players, team captains, and spectators are expected to demonstrate appropriate and good sportsmanship behavior before, during and after games, scrimmages, and practices. The City of Iola Recreation Department has adopted a "Zero Tolerance Policy" towards verbal or physical abuse or harassment by anyone involved with this program in any capacity. To participate in our program, all players, and team captains are required to agree to and sign this policy. **PHOTOGRAPHY CONSENT, RELEASE AND WAIVER OF LIABILITY:** I hereby give my consent to the City of Iola Recreation Department to photograph me and use the photograph(s) for informational, educational, promotional, or publicity purposes concerning the city and its services. I understand that the photograph(s) may be used on the city's Website, TV Channel 6 or in official city publications or displays, public newspapers, magazines, reports, or other public documents; or electronic or digital recordings. I also understand that the photograph(s) may be used without any further consent or authorization from me; the city may modify the photograph(s) in the process of editing, and I will not be entitled to any compensation for use of the photograph(s). I also agree to release the City of Iola, its officers, employees, or agents, from any and all liability arising out of or connected to the use of the photograph(s) as stated above. I have read and understand the foregoing consent, release, and waiver of liability, and voluntarily accept and agree to its terms.

Office Use Only

Ck# _____ Cash _____ Amount _____ Date Paid _____ Initials _____