

DEARBORN RECREATION VOLLEYBALL ROSTER 2009-2010

AGREEMENT:

I HEREBY AGREE TO RELEASE AND WAIVE ALL CLAIMS FOR INJURIES, DAMAGES, LOSSES, OR ACTIONS, ARISING OUT OF MY PARTICIPATION IN EVENTS SPONSORED BY THE CITY OF DEARBORN RECREATION DEPT.

A player may be released with the knowledge of the manager.

TEAM NAME _____

E-MAIL _____

MANAGER _____

HOME PHONE _____

ADDRESS _____

WORK PHONE _____

E-MAIL _____

By signing the below roster, the individual acknowledges that they have read and understand the indemnification agreement on the reverse side of the roster.

| <i>Player Name</i> | <i>Player Signature</i> | <i>Address</i> | <i>City</i> | <i>Zip</i> | <i>D.O.B.</i> | <i>Phone #</i> |
|--------------------|-------------------------|----------------|-------------|------------|---------------|----------------|
| 1) | | | | | | |
| 2) | | | | | | |
| 3) | | | | | | |
| 4) | | | | | | |
| 5) | | | | | | |
| 6) | | | | | | |
| 7) | | | | | | |
| 8) | | | | | | |
| 9) | | | | | | |
| 10) | | | | | | |
| 11) | | | | | | |
| 12) | | | | | | |
| 13) | | | | | | |
| 14) | | | | | | |
| 15) | | | | | | |

I HEREBY CERTIFY that I have inspected this roster. I understand that if my team uses an illegal player the team will forfeit the game, the entire deposit will be forfeited and I will be suspended for one (1) year from all recreational sports programs.

Manager's Signature _____

Date _____