2009 Mudapalooza Mud Volleyball Tournament

PARTICPANT WAIVER AND TEAM ROSTER

Team Name:_____ Date:_____

Team Captain:_____

Please fax completed form: 303-450-8723 or by email to bmagnett@northglenn.org by June 12, 2009 by 5pm or submit completed form at team captain meeting at 8:30am on June 13, 2009.

PERSONAL RELEASE AGREEMENT: I, the participant/ or guardian, understand that the activities registered for contain an element of hazard or risk. I recognize the inherent danger involved and take full responsibility for my actions and physical condition for myself (and my child/ward). I agree to indemnify and hold the City of Northglenn and any cooperating agencies involved in the activities and any of their servants, agents, or employees free and harmless from any liability, loss, cost or expense including attorney's fees, which may result from participation in the activities. I agree I am solely responsible for payment of all costs resulting from the rendering of medical aid and ambulance services to the participant, and authorize that all necessary first aid steps may be taken as prescribed by qualified personnel. I understand that shoes must be worn at all times during play. By signing below, I agree that I understand and consent to this statement. I grant full permission to use any photographs, videotapes, recordings or any other record of this program for any purpose. By signing below, I agree that I understand and consent to this statement.

ROSTER

Name	Address (street, city, state, zip)	Emergency Contact (name & phone #)	Participant Signature