



APPLICATION FOR COED VOLLEYBALL LEAGUE CITY OF PICKENS RECREATION DEPARTMENT

Player's Name: _____ Nickname: _____ DOB: _____ Age: _____

Gender: Male Female Mailing Address: _____ City: _____ Zip: _____

Phone: _____ E-mail Address: _____ Specific Requests: _____

Registration Fees: \$22.50 In-City Residents \$27.50 Out-of-City Residents

T-Shirt Size: AS AM AL AXL AXXL (Additional \$5.00 more for AXL or AXXL)

AGREEMENT, RELEASE AND WAIVER OF LIABILITY

In consideration of being permitted to participate in or assisting others in participating in the Pickens Rec. Basketball program, and related events and activities, on behalf of myself, or a minor child or ward, heir, next of kin, personal representative, successor or assign:

1) I ACKNOWLEDGE, UNDERSTAND AND DECLARE THAT:

- a) To the best of my knowledge, I am in GOOD PHYSICAL CONDITION and have no disease or injury that would be aggravated by participating in activities related to the event;
- b) Participating or assisting others in participating in the event may involve RISK OF INJURY TO ME, INCLUDING DEATH, LOSS OR DAMAGE TO ME OR MY PROPERTY, or other consequences, which might result not only from my own actions, inactions or negligence but also the actions, inactions, or negligence of others, the rules of play or the conditions of the premises or of any equipment used;
- c) There may be OTHER RISKS not know or not reasonably foreseeable; and Understanding All of the Above.

2) I ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND CONVENANT NOT TO SUE THE CITY OF PICKENS, PYAC NOR THE FOLLOWING:

- a) any affiliated subsidiary, successor, organization, or related companies or businesses, other participants, sponsoring agencies, sponsors, or advertisers, the respective administrators, officers, directors, agents, representatives, employees or volunteers of such entities or organizations;
- b) owners, lessors and lessees or premises used to conduct the event FROM ANY AND ALL LIABILITY FOR INJURY, INCLUDING DEATH, LOSS OR DAMAGE TO PERSON OR PROPERTY, OR ANY OTHER CONSEQUENCE in connection with entry in or arising out of participation in, performance in or lack of performance in, including travel en route to and from the event.

3) CONSENT TO:

ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personnel or personnel associated with the event. I HAVE READ THIS FORM IN ITS ENTIRETY AND HAVE PROVIDED TRUTHFUL INFORMATION.

Name of Athlete (print)

Signature of Athlete (If over 18 yrs. of age)

Date

Office Use Only: Date Paid _____ Amt. _____ Cash/Check # _____ Rcpt. _____