# VOLLEYBALL PLAYER AGREEMENT FORM

CITY AND BOROUGH OF JUNEAU
ALASKA'S CAPITAL CITY
PARKS & RECREATION

## Player Information

Name_____

Mailing Address_____

Phone_____ Email_____

## Team Information

Team Name_____ Division_____

Manager's Name_____

Phone_____ Email_____

## Payment Information

$60 + tax

Accepted: Visa MasterCard Discover

☐ Credit Card is present ☐ Cash ☐ Check

☐ Credit Card is not present, charge with information below

Name on Card_____

Credit Card Number_____

Expiration Date_____ CVC_____

Card Holder Signature_____

I agree to play for this team in accordance with the regulations of the Juneau Parks and Recreation Department. In signing this agreement, I certify that I am eligible under the current Park and Recreation League rules. I agree to pay a player fee upon signing the agreement as a condition of participation. This fee is **NON-REFUNDABLE NOR TRANSFERABLE TO ANOTHER PERSON.**

**INJURY/PRECAUTION FACTS:** I understand volleyball is a game played within a confined space in an indoor environment that requires skill and ability to run and jump and hit a ball. Anyone playing volleyball should be aware of these conditions and the fact that a ball, playing surface, or another player may inflict injury. The force of bodily contact or ball may cause severe bruising and/or broken skin, bones and /or teeth. A blow to the head may cause a concussion and/or cranial fracture which may lead to a terminal injury as well as less severe injuries. A ball striking an eye may cause irreparable damage or result in a total loss of vision. Because players are playing in a confined area, misjudgment of distance may result in a collision with equipment or other players. Collisions between two or more players may cause injury to all parts of the body including concussion, cranial fracture, broken bones, teeth, eye injury, cuts, bruises and skin abrasion.

**CATASTROPHIC INJURIES RELATED TO VOLLEYBALL INCLUDE BUT ARE NOT LIMITED TO:**
1) Loss of vision as a result of collision with another person, equipment, ball and/or wall; 2) Fatal and/or brain injury as a result of collision with another person, equipment, ball and/or playing surface; 3) Neck or spinal injury as a result of collision with a person, wall, equipment, and/or ball.

**SEVERE INJURIES RELATED TO VOLLEYBALL INCLUDE BUT ARE NOT LIMITED TO:** 1) Broken bones, broken teeth, concussion, severe bruises, tissue injury related to a collision with a person, partition, wall, ball, and/or court surface or equipment; 2) Broken bones, broken teeth, severe bruises, damage to tendons, ligaments and muscles as a result of falling or contact with another person.

**EXEMPTION FROM LIABILITY:** I recognize the activity, volleyball, for which I am registering involves risk of damage, loss and personal injury, and in consideration of your accepting this registration, I waive and release the City and Borough of Juneau Parks and Recreation Department, its officers, agents, servants, employees, and lessors from any and all liability, claims, demands or actions or causes of actions whatsoever arising out of any damage, loss, personal injury suffered or sustained by me in connection with or arising out of or resulting from any and all of the activities contemplated by this agreement, whether such loss, damage, or personal injury resulting from the negligence of the City and Borough of Juneau or any of its agents, employees, servants, or representatives from any claims brought against it by parties claimed by me to be responsible for any damage or loss that I incur.

**NOTICE:** Occasionally, Parks & Recreation photographs participants enrolled in recreation programs, events, or on Parks & Rec property. These photographs are used for Parks & Rec purposes only and may be included in future Parks & Rec media. My presence is my consent, without compensation from Parks & Rec, to use my likeness.

## Signature

**I HEREBY CERTIFY THAT I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE STATEMENTS.**

_____ Date_____
Participant Signature

_____ Date_____
Parent/Guardian Signature if participant is under the age of 18.

**OFFICE USE ONLY** Received by:_____ Date Received:_____ Receipt #:_____