

WEST DES MOINES PARK AND RECREATION DEPARTMENT
PO Box 65320 4200 George M. Mills Civic Pkwy. 222-3444

ADULT VOLLEYBALL
ADD-A-PLAYER FORM
(COMPLETE ALL INFORMATION)

Name of Team _____ League _____

***** READ BEFORE SIGNING *****

The undersigned, being of legal age and in consideration of the opportunity to participate in the activities identified above, hereby agree to assume full responsibility for any risk resulting from participation in any activity and I further agree to release, acquit and forever discharge the City of West Des Moines, its Mayor, Council Members, employees, department heads, departmental members, agents, representatives, citizens, taxpayers and attorneys, from any and all liability claims, cause of action demands, expenses of every kind which may arise out of or relate to the activity that is the subject matter of this executed form. I further acknowledge that this release of liability is full, complete, comprehensive and plenary and covers all injuries, damages, losses, known and unknown, accrued and unaccrued, which may hereafter develop arising out of or otherwise related to the activities that are the subject matter of this agreement.

Photographic Release: Participants do hereby grant and convey unto the City all right, title, and interest in any and all photographic images and video or audio recordings made by the City during the Participant's Activities with the City, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Name (print) _____
DATE _____

Home Address _____ City _____

Zip Code _____ Home Phone _____ Work Phone _____

Signature _____

Please remove _____ from roster.

All applicable fees must be received with this Add-A-Player form before a player is eligible to play.

Office Use Only: Received By: _____
Date: _____

Non-Resident Fee (\$6): _____
Check #: _____