Powell Recreation District
Team Roster

YEAR: _____

CO-ED WALLYBALL

Team Name (sponsor): _____

Team Fee: $ **35.00**

OFFICE USE ONLY
Team Fee
Date paid: _____
Cash or Check #: _____

Contact Person: _____

Address: _____

Email: _____

Phone – Hm: _____ Cell: _____Wk: _____

Please ***PRINT***

TEAM MEMBERS	PHONE NUMBERS (required)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Sponsor Fees and Rosters are due: _____

Co-Ed Wallyball _____ Year ____

Team Name (Sponsor)

Agreement to Participate / Release of Liability

Disclaimer: Powell Recreation District is not responsible for any injury (or loss of property) to any person suffered while playing, practicing, or in any other way involved in the WALLYBALL Program for any reason whatsoever, including ordinary negligence on the part of Powell Recreation District, its agents, employees, or volunteers.

In consideration of my participation, I hereby release and covenant not-to-sue Powell Recreation District, Northwest College, Park County School District No 1, City of Powell, and any of their employees, instructors, agents, or volunteers, from any and all present and future claims resulting from ordinary negligence on the part of Powell Recreation District or others listed for property damage, personal injury, or wrongful death, arising as a result of my engaging in or receiving instruction in Wallyball activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that Wallyball involves certain risks which may result in various physical injuries, as well as the possible reckless conduct of other participants, and participation at sites that may be remote from available medical assistance. I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury, or death.

I further agree to indemnify and hold harmless Powell Recreation District and others listed for any and all claims arising as a result of my engaging in or receiving instruction in Wallyball activities or any activities incidental thereto, wherever, whenever, or however the same may occur.

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Wyoming and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceedings shall be in Wyoming.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me for the ordinary negligence of Powell Recreation District or any parties listed above. **Caution: Read before signing.**

PRINT Name of Participant	**SIGNATURE of Participant**	**DATE**