ALL PARTICIPANTS PLEASE READ ENTIRE WAIVER BEFORE SIGNING!!!

*This waiver **MUST** be signed before participation can take place in this program*

I, ***as signed below***, hereby consent and agree to participate in the City of Wisconsin Dells / Village of Lake Delton Parks and Recreation Adult Volleyball Program. I willingly assume any and all inherent risks associated with this program.

It is understood that all said participants will follow all given rules, regulations, and instructions as directed by the supervisor, umpire, or director of the said program. I hereby certify that my health is of normal condition and I able and capable to participate in the said program. I agree to seek my doctors' advice if I have any doubts about my health before entering the program. I hereby release the City of Wisconsin Dells, its employees, and all volunteers who help make the programs possible. I give permission for the league official to use his/her best judgment in an event of medical treatment or an emergency.

TEAM NAME: _____ **LEAGUE:** (Circle One) → Coed Power OR Coed Rec **DATE**: _____ **FEE**: $150

**Captain's Name	Phone Number	Email	Town/Village/City of Residence	Signature

Names of Players	Phone Number	Email	Town/Village/City of Residence	Signature