



COMMUNITY EDUCATION & RECREATION

110 Fulton Street, Mankato, MN 56001 507-387-5501

COMPLETED ROSTER AND PLAYERS' FEES ARE DUE IN THE COMMUNITY EDUCATION & RECREATION OFFICE
BY DATE INDICATED IN CURRENT YEAR'S PROGRAM INFORMATION

ROSTERS MAY NOT BE HAND-WRITTEN, AND MUST INCLUDE PLAYERS' electronic SIGNATURES!!!

Team Name	Sport Winter Volleyball	League	Division	Year 21-22
OFFICE USE ONLY Date Paid _____ Check # _____		REQUIRED Manager's E-mail		

Player's <u>Computer Typed</u> Name	R es or N on	Player's electronic <u>Signature</u>	<u>Computer Typed</u> email Address	<u>Computer Typed</u> City	<u>Computer Typed</u> Home/Cell Ph	<u>Computer Typed</u> Work Phone
Mgr.						
2.						
3.						
4.						
5.						
6.						
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8.						
9.						
10.						
11.						
12.						

I, _____, **HAVE WITNESSED EACH PLAYER SIGN IN AGREEMENT TO FOLLOWING WAIVER, DATED:** _____

MANAGER'S SIGNATURE (scroll down to next page) DATE OF SIGNATURE

IN CONSIDERATION of being permitted to compete, and/or participate in any way in the EVENT(S), EACH OF THE UNDERSIGNED, for himself, his personal representatives, heirs, and next of kin:

1. Acknowledges, agrees, and represents that he or she has or will immediately upon entering any EVENT area, and will continuously thereafter, inspect the EVENT area which he or she entered, and he or she further agree and warrant that, if at any time, he or she is in or about the EVENT area and he or she feels anything to be unsafe, he or she will immediately advise the officials of such and if necessary will leave the EVENT area and/or refuse to participate further in the EVENT(S).
2. HEREBY RELEASES, WAIVES, DISCHARGES, AND COVENANTS NOT TO SUE Independent School District #77, or the Community Education & Recreation Department of Independent School District #77, or its officials, representatives or employees, used to conduct the EVENT(S), all for the purposes herein referred to as "Releases", FROM ALL LIABILITY TO THE UNDERSIGNED, his personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE EVENT(S), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
3. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releases and their insurance carrier, and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur arising out of or related to the EVENT(S) WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
4. HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OR BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the EVENT(S) whether caused by the NEGLIGENCE OF RELEASEES or otherwise.
5. HEREBY acknowledges that THE ACTIVITIES OF THE EVENT(S) MAY BE DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of THE UNDERSIGNED, also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE OPERATIONS OR PROCEDURES OF THE RELEASEE.
6. IF, DESPITE THIS RELEASE, I OR ANYONE ON MY BEHALF MAKES A CLAIM AGAINST THE "RELEASEES" NAMED ABOVE, I AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS THE RELEASES AND THEIR INSURANCE CARRIER, AND EACH OF THEM FROM ANY LITIGATION EXPENSES, ATTORNEYS' FEES, LOSS, LIABILITY, DAMAGE, OR COSTS THEY MAY INCUR DUE TO THE CLAIM MADE AGAINST ANY OF THE "RELEASEES" NAMED ABOVE, WHETHER THE CLAIM IS BASED ON THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.
7. Hereby agrees that in the event that I sustain any injury that any rescue personnel or medical personnel may release such medical information about my condition as necessary to allow such individuals to properly report that information to appropriate representatives of the school district and/or its insurance carriers.
8. HEREBY agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts or negligence by the Releases, INCLUDING NEGLIGENT RESCUE OPERATIONS and is intended to be as broad and inclusive as is permitted by the laws of the State of Minnesota, or any other State in which the Event(s) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding continue in full legal force and effect.
9. Face coverings are recommended and encouraged when individuals are not in active participation or competition; this guidance changes in direct correlation to the spread of COVID-19 in our region. Updates will be communicated as needed.
10. Participants are asked to notify the Recreation Specialist if they have COVID-19 symptoms, test positive for COVID-19, or recently had a close contact with someone with COVID-19.
11. I understand that if "I" or "someone" on my team has tested positive for COVID-19 the participant will refrain from attending volleyball until all three of the following criteria are met:
 - It has been 10 days since they first felt sick or tested positive: and
 - They are fever free for 24 hours without using fever reducing medication; and
 - Their symptoms have improved and they feel better

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.