



City of Colleyville
Sand Volleyball Waiver

Team Name: _____

Team Captain: _____

Printed Player Name	Phone Number	Email	Zipcode	Date of Birth	Shirt Size	Signature

NOTICE: All Participants Must Sign Waiver

I hereby release, absolve and hold harmless the City of Colleyville and its employees, activity officials, activity supervisors, any or all of them in the event of any accident, injury or death sustained by the above named participant(s) while being transported to or from an activity or while participating in an activity from any liability of any kind whatsoever. I also give permission for any photographs taken during the time of these activities to be utilized for promotional uses by the City of Colleyville Parks and Recreation Department now and in the future. I, the parent or legal guardian of the above named participant(s), do hereby give my approval for the participation by the participant(s) in any and all of the program's activities.

(Parent or guardian must sign if participant is under 18)