

Coed Volleyball



Wednesday Nights 6pm—10pm

August 30th - November 2nd

Fee: \$20 Members \$30 Non-Members

Ages: 16 and Older

Name _____ Age _____ Birthdate _____ Team Name _____

Street Address _____ City _____ State _____

Zip _____ Phone _____ Email Address _____

Team Captain _____

I _____ (Self) have enrolled in a program of strenuous physical activity, offered by The Workman Sports & Wellness Complex. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit participation in this program. In consideration of myself, my heirs and assigns, hereby release by the Workman Sports & Wellness Complex from any claims, demands, and causes of action arising from my or the above named person's participation in any of the above stated programs, and I hereby release the Workman Sports & Wellness Complex, from any liability now or in the future including but not limited to heart attacks, muscle strains, pulls, tears, broken bones, shin splints, heat prostration, knee, lower back, or foot injuries and any other illness, soreness or injury however caused occurring before, during or after participation in any other of the above stated programs offered at the Workman Sports & Wellness Complex or at any time, while in the vicinity of the premises of the above stated business, or in any activity sponsored, represented, or organized by the Workman Sports & Wellness Complex, for any reason. I agree that my or my child's picture or likeness can be represented and published in any by the Workman Sports & Wellness Complex. By signing, I hereby affirm that I have read and fully understand and agree with the above waiver.

Signature _____ Date _____

Parent Signature (Under 18yrs) _____ Date _____

For Office Use Only

Payment Method: Cash ___ Check ___ Credit Card ___ Amount _____

Date Paid _____ Processed _____ Employee Name _____



RICHARD E. WORKMAN
Sports & Wellness
Complex