



# Rathdrum Parks & Recreation

7851 W. Main St. Rathdrum, Idaho 83858  
Phone - (208)-687-2399 Fax - (208)-687-6421

## ADULT CO-ED RECREATIONAL VOLLEYBALL

**TEAM NAME:**  **COST: \$200**

**Team Manager:**  **E-Mail:**

**Address:**  **City:**  **Zip:**

**Phone:**  **Alternate Phone:**

### Release Agreement

In exchange for me being allowed to participate, or my above-named child/ward being allowed to participate, in the above-named programs, which is a recreational or educational program and which is not an essential life activity, conducted by the city of Rathdrum, I hereby assume all risks associated with such participation on behalf of myself or my child/ward, knowing that such participation presents the risk of physical and/or emotional injury or harm which may result in temporary or permanent damage to the participant. I further release the city of Rathdrum, its agents, servants, employees and activity sponsors from any claims of liability for damages or other harm to person or property incurred by me, or my above-named child/ward, as the result of participation in the above-named program, except for gross negligence.

I UNDERSTAND THAT BY SIGNING THIS RELEASE THAT I AM RELINQUISHING ON BEHALF OF MYSELF OR MY ABOVE-NAMED-CHILD/WARD ANY RIGHT THAT MIGHT ACCRUE IN THE FUTURE TO BRING A CAUSE OF ACTION FOR NEGLIGENCE AGAINST THE CITY OF RATHDRUM, ITS AGENTS, SERVANTS, EMPLOYEES AND ACTIVITY SPONSORS ARISING FROM PARTICIPATION IN THE NAMED ACTIVITY, EXCEPT AS OTHERWISE PROVIDED HEREIN.

I hereby consent to first aid, emergency medical care, and authorize, if necessary, admission to a hospital for treatment of injuries that myself or my child/ward could sustain while participating in this program. I understand that I am responsible for any and all medical expenses which may be incurred as a result of any accident or illness while participating in this program.

\_\_\_\_\_  
**Signature of Team Manager**

\_\_\_\_\_  
**Date**

**Form Of Payment**    **Check**    **Cash**    **Visa**    **MasterCard**

**Total \$**   

**Name on Card** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Cardholder Phone Number** (   )   -   \_\_\_\_\_

**Cardholder Zip Code** \_\_\_\_\_

**Card #**

**CVC**  

**Expiration Date**  

**Make checks payable to:**  
**City of Rathdrum**

**Please return form and fees to:**

Rathdrum Parks & Recreation  
7851 W. Main St.  
Rathdrum, ID 83858  
**Phone: 208-687-2399**



	<b>PRINT PLAYER'S NAME</b>	<b>PLAYER'S SIGNATURE</b>	<b>ADDRESS, CITY, STATE</b>	<b>PHONE NUMBER</b>
<b>1</b>				
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				
<b>9</b>				

**My Signature Indicates That I have Read And Understood The Information Contained Below.**

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Team Manager's Signature

Verifying **AUTHENTICITY** of Signatures: \_\_\_\_\_ Date: \_\_\_\_\_



# ***Team Manager's Agreement***

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As Manager/Coach of my Adult CO-ED Volleyball Team, I hereby assume responsibility for the actions of the players on my team. I understand that the City of Rathdrum, Parks & Recreation has a **Zero Tolerance** policy regarding unsportsmanlike behavior conducted before, during, or after games. I acknowledge that it is my responsibility to relate to all team members that Rathdrum Parks & Recreation will not tolerate actions such as fighting, profanity, trash-talking, verbal abuse, or any other behavior detrimental to the sport.

**My signature indicates that I have read and understand these policies**

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*Signature*

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*Printed Name*

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*Team*



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*Date*