

Grass Fours Volleyball League

Waiver Form

LIABILITY RELEASE: I recognize that there are risks of personal injury, damage or losses involved in participating in sports activities. As in any sports activities, there is a certain amount of inherent risk involved. Therefore, in consideration for my being able to participate in this recreational activity, I do hereby, on behalf of myself and all members of my immediate family, release the Grass Fours Volleyball League and the Town of Granby, the Granby Recreation Department and their employees and agents from all liability with respect to an injury receive by me arising out of such activity. Signature on this registration form indicates recognition of those risks, permission to participate and consent to secure emergency medical treatment in the event of an emergency.

Print Name Signature

Print Name Signature

Print Name Signature

Print Name Signature

Print Name Signature