

ADULT CO-ED VOLLEYBALL LEAGUE

Player Name: _____ DOB: _____ Gender: _____

Team or Captain's Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone: _____ Email: _____

Emergency Contact: _____ Number: _____

I acknowledge that I have complete understanding of the potential risk associated with this activity, including injury and death, and I voluntarily agree to assume all such risk. I hereby release, discharge, indemnify, and agree to hold Talbot County, its officers, agents, and employees, harmless from and against any and all liability, claims actions, suits, damages, losses, or injuries of any kind, nature, or description, including without limitation personal injuries and/or death, medical expenses, and economic damages arising or claimed as a result of any act or omission related to the program (s) offered by the Talbot County Department of Parks and Recreation or any affiliated program.

Signature _____ Date _____

Return Forms to: 10028 Ocean Gateway, Easton, MD 21601 • Phone-410-770-8050 • Fax-410-822-7107

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