CITY OF MINERAL WELLS
PARKS AND RECREATION DEPARTMENT
2022 FALL YOUTH VOLLEYBALL LEAGUE
TEAM WAIVER REGISTRATION FORM

Participant's Name: _____

Street Address: _____ City: _____

Zip Code: _____ Home Phone: _____ Cell Phone: _____

e-mail address: _____

Age **(as of 9/1/22):** _____ Date of Birth: ___/_____/_____

IMPORTANT! Your child will be placed in the age group based on their age as of September 1, 2022: (8 & Under, 10 & Under, 12 & Under or 14 & Under).

Please circle T-shirt size: (Youth Sm) (Youth Med) (Youth Lg) (Adult Sm) (Adult Med) (Adult Lg) (Adult XL)

School Attending: _____ Grade: _____ City: _____

Guardian's Name(s): _____

Guardian's phone number(s): _____

In consideration for my child being permitted to compete, I as legal guardian and on behalf of my heirs, executors and administrators, waive and release any and all rights for claims that I may have, or might arise against the City of Mineral Wells, the Texas Amateur Athletic Federation, the team and its coaches and agents or representatives of all of the above entities for all injuries or losses sustained by me or my child while competing in or in connection with practice or volleyball matches. I understand that I have the right to withhold my child's participation in any conditions that appear to be unsafe.

I ("Participant") do hereby voluntarily submit my application to compete and in consideration of being allowed to participate in any Texas Amateur Athletic Federation ("T.A.A.F.") sanctioned competition (the "Competition"), do hereby grant to T.A.A.F. the right to record, broadcast and otherwise exploit in any and all media throughout the world my performance in the Competition and to use my name, likeness, voice and biographical information concerning me in connection therewith.

I assume all risks associated with my participation in the Competition and I do hereby, on behalf of myself and my heirs, executors, administrators, successors and assigns, in consideration of being allowed to participate, waive all claims against and release and agree to hold harmless T.A.A.F., the sponsors of the T.A.A.F. competition (the "Sponsors"), the venue owner (the "Owner") and the host city (the "Host"), and their respective directors, officers, agents, employees, successors and assigns, and all those in any way connected with the running and management of the Competition, from and against any and all damages, liabilities, actions, causes of actions, losses, costs, expenses, claims and demands arising out of or in connection with my participation, including without limitation, death, any personal injuries or loss of, damage to or loss of use of property, which I may incur as a result of my participation, including any death, personal injuries or loss of, damage to or loss of use of property which may be the result of negligence on the part of T.A.A.F., a Sponsor, an Owner and/or the Host.

I am fully aware of my personal physical and medical condition, and hereby acknowledge that I am physically fit to compete in the Competition. I am prepared to follow the rules governing the Competition in a safe and disciplined fashion. I warrant that I am of legal age and that I have read and fully understand the foregoing terms. (If not, parent or guardian must sign.)

_____
Guardian's Signature

Does the child have any medical problems that could arise or occur? If so, list below:

_____

_____

If the guardian(s) listed above cannot be reached in case of medical emergency, please list the name and phone number of someone to call in that case.

_____

_____

TEAM NAME:_____ COACH'S NAME:_____
COACH'S PHONE:_____ COACH'S EMAIL:_____