## 2025 MUDAPALOOZA MUD VOLLEYBALL TOURNAMENT PARTICPANT WAIVER AND TEAM ROSTER

Team Name:	Date:
Team Captain:	
email to bmagnett@northglenn.org by July meeting at 8:30am on July 19, 2025.	17 by 8pm or submit completed form at team captain
DEDSONAL DELEASE ACDEEMENT. I the port	ainant/ or quardian understand that the activities registered for

**PERSONAL RELEASE AGREEMENT**: I, the participant/ or guardian, understand that the activities registered for contain an element of hazard or risk. I recognize the inherent danger involved and take full responsibility for my actions and physical condition for myself (and my child/ward). I agree to indemnify and hold the City of Northglenn and any cooperating agencies involved in the activities and any of their servants, agents, or employees free and harmless from any liability, loss, cost or expense including attorney's fees, which may result from participation in the activities. I agree I am solely responsible for payment of all costs resulting from the rendering of medical aid and ambulance services to the participant, and authorize that all necessary first aid steps may be taken as prescribed by qualified personnel. I understand that shoes must be worn at all times during play. By signing below, I agree that I understand and consent to this statement. I grant full permission to use any photographs, videotapes, recordings or any other record of this program for any purpose. By signing below, I agree that I understand and consent to this statement.

## **ROSTER**

Name	Email address:	Emergency Contact (name & phone #)	Participant Signature
		(name & phone #)	Signature