

TOWN OF CICERO PARKS AND RECREATION DEPARTMENT
VOLLEYBALL WAIVER

I _____ am fully aware that the Town of Cicero does not carry medical insurance on program participants and accept and acknowledge this condition. Further, I agree to release the Town of Cicero, Its employees, agents and administrators from any and all Claims I may have from damages arising out of participation in the league, and agree to Defend, indemnify and hold harmless the Town of Cicero, it's employees, agents and administrators from any claim by a third party arising in whole or in part out of my actions. I will in turn pursue appropriate coverage via personal or employee insurance. I accept full responsibility for any and all injuries which may arise out of my participation in programs offered by the Town of Cicero for personal injuries resulting from or arising out of the negligence of the Town of Cicero its agents and/or employees.

Team Name

Style of Play – Competitive or Co-Rec

Day and Division (Tues or Thurs; A/B, B or C)

Signature of Participant

Date

For Office Use Only: DATE RECEIVED _____	INITIALS _____
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Revised 8/2013

Forward this completed form to parksandrec@ciceronewyork.net or fax to 315-699-5234.