

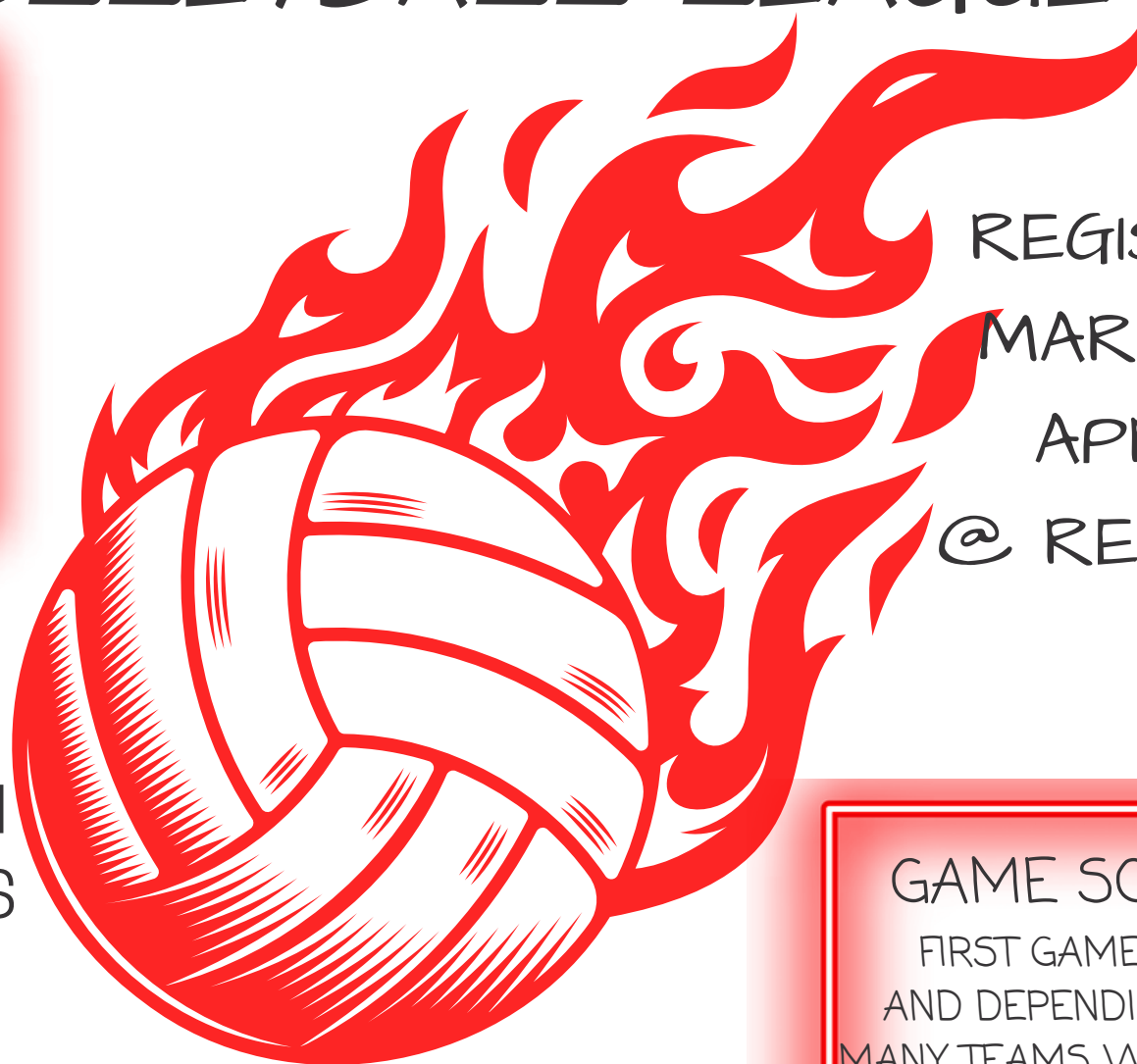
CITY OF LA FERIA ADULT CO-ED VOLLEYBALL LEAGUE

TEAM FEE:

\$150

INCLUDES TEAM SHIRT

9 PLAYER MAX
MIN. 2 FEMALES ON
COURT @ ALL TIMES
MIN AGE 21



REGISTRATION
MARCH 10TH -
APRIL 2ND
@ REC CENTER

REC CENTER
901 PANCHO MAPLES DR
LA FERIA, TX

CONTACT: CHARLES VILLANUEVA
956-865-5806 FOR MORE INFO.

GAME SCHEDULE:
FIRST GAME - APRIL 23
AND DEPENDING ON HOW
MANY TEAMS WE HAVE - WILL
DETERMINE HOW MANY
WEEKS WE WILL PLAY.
GAMES ON WEDNESDAYS
GUARANTEED 6 GAMES WITH A
POSSIBILITY OF A TOURNAMENT



Informed Consent and Liability Waiver Release
For Participation in the City of La Feria's Volleyball Program

I am voluntarily participating in the City of La Feria's Volleyball program conducted at the La Feria Recreation Center. I recognize that the program requires physical exertion that may be strenuous at times and may cause physical injury, and I am fully aware of the risks and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in the above-mentioned program. I represent and warrant that I have no medical condition that would prevent my participation in the program.

I agree to assume full responsibility for any risks, injuries, or damage known or unknown which I have incurred as a result of participating in the program. Such injuries may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splits, heat prostration, injuries to knees, injuries to back, injuries to foot or any other illness or soreness, including death.

I knowingly, voluntarily and expressly waive any claim I may have against the City of La Feria for injury or damages that I may sustain as the result of participating in the program.

I, my heirs or representatives forever release waive, discharge and covenant not to sue the City of La Feria or its officials, employees, contractors, or volunteers, including referees, scorekeepers, or directors for any injury or death caused by their negligence or other acts.

I have read the above waiver and release of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Name: _____

Signature: _____

Date: _____