



Volleyball Roster/Waiver Form

Night: (S,M,Tu,W,Th)_____ League: (Women's/Co-Rec)_____

Year:_____ Season:(Win/Sum/Fa)_____ Level:(Gold/Silver/Bronze)_____

Team Name:_____

Manager:_____

Address: _____

Phone: Primary() _____

Alternate() _____

Asst. Manager:_____

Phone: Primary() _____

Alternate() _____

- All players' information must be filled in completely and legibly
- Players can be added to the roster throughout the season via a roster addition form

Player	Address	Home Phone	Work Phone	Birth Date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

-OVER-

Participation in the adult athletic program through the Bloomington Parks and Recreation Division requires all players to sign this Roster/Waiver.

Waiver

I understand that participation in activity or program is completely voluntary and that the activity or program being offered is for the betterment of the participant. The City of Bloomington shall not be liable for any claims, injuries or damages, of whatever nature, incurred by the participant which are directly or indirectly attributable to the negligence, whether passive or active, of the City of Bloomington, their agents and employees, arising out of, or in connection with the activity or programs. On behalf of myself, I expressly release and discharge the City of Bloomington, their agents or employees from any such claims, injuries or damages. I also understand this waiver includes any injuries that may result from the condition of facility used in the activity or program.

I acknowledge that COVID-19 has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. The City has enacted preventative measures to reduce the spread of COVID-19. The City, however, cannot guarantee that participants in the Activity will not become infected with COVID-19. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk I may be exposed to or infected by COVID-19 by participating. If I have any symptoms of COVID-19, including, without limitation, fever, cough, shortness of breath or difficulty breathing, chills, or muscle or body aches; or have a suspected or confirmed diagnosis of COVID-19, I will notify my team manager immediately and will not participate.

Release Agreement

City of Bloomington takes pictures, slides and videos of participants enjoying the activities for use in marketing and promotion of the programs. I grant permission to use my name, pictures and quotes for the above purposes.

Data Privacy Act/Tennessee Warning

According to the Minnesota Data Privacy Act, some of the information you provide on this form may be classified as private data. Private data is available to you but not the public. If you do not provide this data, you are not eligible to play in the City of Bloomington Adult Athletic Leagues. The data may be released to the Minnesota Sports Federation, the Minnesota Recreation and Parks Association, the Recreational Sports Officials Association and City Bloomington staff for the purpose of administering the league.

Player Signatures Required (Please sign on corresponding number from reverse side)

1 _____

7 _____

2 _____

8 _____

3 _____

9 _____

4 _____

10 _____

5 _____

11 _____

6 _____

12 _____