

Women's Volleyball Waiver Form

Adult Waiver

Participant _____ Phone # _____

Activity _____

Emergency Contact

Waiver of Liability: I understand that while I participate in this program, I participate at my own risk. I also agree to and do hereby release and forever discharge Mt. Arlington's Recreation Department thereof and its officers, agents, or employees from or in any manner arising out of injury or damage which may be sustained in the aforementioned program.

Signature

Date