Georgetown Divide Recreation District
"Your Community Partner"
4300 Hwy 49 Pilot Hill, CA 95664
(530) 333-4000 or mail@gdrd.org

TEAM NAME: _____

SEASON: ____Fall 2026_____

CAPTAIN/MANAGER: _____

AGREEMENT, WAIVER AND RELEASE FOR 2026 ADULT VOLLEYBALL LEAGUE

In consideration for being permitted by the above district to participate in the above activity, I hereby waive, release, and discharge all claims for damages for personal injury, death or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above district (it's officers, employees, and agents) from all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.

I have carefully read this agreement, waiver and release and fully understand its contents. I am aware that this is a release of liability and a contract between myself, and the above-named district and I sign it of my free will.

PRINT NAME **BIRTHDATE** **E-MAIL** **SIGNATURE**

1. _____ _____ _____ _____

ADDRESS _____ **CITY, STATE, ZIP** _____ **PHONE** _____

PRINT NAME **BIRTHDATE** **E-MAIL** **SIGNATURE**

2. _____ _____ _____ _____

ADDRESS _____ **CITY, STATE, ZIP** _____ **PHONE** _____

PRINT NAME **BIRTHDATE** **E-MAIL** **SIGNATURE**

3. _____ _____ _____ _____

ADDRESS _____ **CITY, STATE, ZIP** _____ **PHONE** _____

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5. _____ _____ _____ _____

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6. _____ _____ _____ _____

ADDRESS _____ **CITY, STATE, ZIP** _____ **PHONE** _____

PRINT NAME **BIRTHDATE** **E-MAIL** **SIGNATURE**

7. _____ _____ _____ _____

ADDRESS _____ **CITY, STATE, ZIP** _____ **PHONE** _____

PRINT NAME **BIRTHDATE** **E-MAIL** **SIGNATURE**

8. _____ _____ _____ _____

ADDRESS _____ **CITY, STATE, ZIP** _____ **PHONE** _____