



I wish to register THE PUEBLO COUNTY RECREATION – VOLLEYBALL in the category and age group checked below.

Boys

Girls

AGE (as of TODAY)

____/____/____

Today's Date

Name of Participant

____/____/____

Date of Birth

Street Address

Email Address

City

State

Zip Code

Phone Number

School Attending

Signature of Participant or Parent / Guardian

This Section To Be Completed By Parent/Guardian:

By signing below, the undersigned requests and approves of the participant's registration and participation in the PUEBLO COUNTY RECREATION – VOLLEYBALL ("Volleyball"). In consideration for the participant's participation in Volleyball, the undersigned (1) acknowledges that the participant's participation will be at the sole risk of the participant and the undersigned and (2) agrees to release, indemnify and holds District 70, the County of Pueblo, Colorado, and their members, officers, agents, employees, and any other persons or entities acting on their behalf, and the successors and assigns for any and all of the aforementioned persons and entities, against any and all claims, demands, and causes of action whatsoever, whether presently known or unknown, either in law or in equity, relating to injury, disability, death or other harm, to person or property or both, arising from my participation in and/or presence at Volleyball. The undersigned also agree to allow representatives from District 70, the County of Pueblo, Colorado or any of its subordinate units and/or media to take and publish photographs or videos of the participant during Volleyball. I acknowledge that I have been informed of the nature of Volleyball and that I am aware of the hazards and risks which may be associated with my participation in Volleyball, including the risks of bodily injury, death or damage to property which may occur from known or unknown causes. I understand, accept, and assume all such hazards and risks, and waive all claims against District 70, the County of Pueblo, Colorado, and other persons as set forth above. I understand that I am solely responsible for any costs arising out of any bodily injury or property damage sustained through my participation in normal or unusual acts associated with Volleyball. I have had sufficient time to review and seek explanation of the provisions contained above, have carefully read them, understand them fully, and agree to be bound by them. After careful deliberation, I voluntarily give my consent and agree to this Release From Responsibility, Assumption of Risk, and Waiver.

Parent/Guardian Signature

Date

Initials of Pueblo County Rep

Date

PAID: Cash

Check# _____

Money Order