## GREAT FALLS PARK AND RECREATION DEPARTMENT ADULT VOLLEYBALL LEAGUE 2024

TEAM NAME	LEAGUE	
MANAGER	DAY PHONE	
ADDRESS	NIGHT PHONE	
ASST. MANAGER	DAY PHONE	
ADDRESS	NIGHT PHONE	

We, the undersigned, hereby agree to abide by all rules and regulations set up by the Park and Recreation Department and School District #1. We further agree to accept complete responsibility in matters of any physical injury or loss that might result from participation in games, practices or travel to or from such activity. We further agree that in the event of such injury or loss there will be no liability on the part of the Great Falls Park and Recreation Department, School District #1, or any of the sponsoring bodies or of any group or agency associated in the sponsorship of this activity.

PLAYERS NAME (Print or type)	PLAYERS SIGNATURE (Signature)	ADDRESS	PHONE