

# Warren Township Recreation

## ADULT VOLLEYBALL

20\_\_ - 20\_\_

I (please print), \_\_\_\_\_,  
the undersigned participant, certify that I am in proper physical condition for safe participation in this Recreation program. I understand and recognize that there may be a risk of injury by participation in this Recreation Program and that the program is offered throughout the school year. I agree to indemnify and hold harmless Warren Township, the Warren Township Recreation Department, the Warren Township Board of Education, their agents and employees from any injuries I may sustain by participating in this Recreation Program.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

**Please print the form and bring it to the gym. The email address should be printed clearly as that is the communication method used for this program.**