



Adult Sports Registration Form

Women's Volleyball

Coed Volleyball

Team Name _____ Playing Location _____

Participant Information

Name: _____ Date of Birth _____ Gender: _____

Address: _____ City _____ Zip: _____

Cell Phone Number _____ Do you have a medical condition? Yes No

**If necessary please provide detail on medical condition:*

Emergency Contacts:

Name _____ Contact Number: _____

Name _____ Contact Number: _____

Participation and Medical Release Wavier

I hereby waive all claims against the City of Nashville, the Parks Department, and any other personal involved in any injury or accident while participating in this program. I also grant permission to managing personnel or other representatives to authorize and obtain medical care should the participant become ill or injured and I am unable to grant authorization for emergency treatment. I also certify that all information on this form is true and that misrepresentation could result in suspension from the league.

The Code of Conduct Policy

- Each participant is expected to do the following:
- Demonstrate courtesy even when others do not.
- Behave in a responsible manner, always exercising self-discipline.
- Respect the rights and privileges of other participants and city staff.
- Respect the property of others, including city property and facilities.

Photo Release Wavier

I hereby grant the Metropolitan Board of Parks and Recreation permission to use my likeness in a photograph (which includes video and film) in any and all publications for government or nongovernment purposes, including social media platforms and web site entries, without payment or any other consideration in perpetuity. I understand and agree that these materials will become the property of Metropolitan Board of Parks and Recreation and will not be returned.

I hereby irrevocably authorize the Metropolitan Board of Parks and Recreation to edit, alter, copy, exhibit, publish or distribute this photo/video/FILM likeness for purposes of publicizing Metropolitan Board of Parks and Recreation's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge the Metropolitan Board of Parks and Recreation from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age or older and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release. I agree to indemnify and hold the government harmless for any and all losses, claims, expenses, suits, costs, demands and damages or liabilities on account of personal injury, death, or property damages of any nature whatsoever and by whomsoever made, arising out of the photographed/filmed/ or recorded activities in which I am taking part.

By signing this document, I certify that I have read and agree to all waivers above.

Signature _____

Date _____