

Gilford Parks & Recreation Department
2022 - 23 Coed Adult Volleyball Program

Participant's Name _____

Address _____

City _____ State _____ Zip _____

*E-Mail _____ *

Telephone # _____

In case of emergency, contact: Name _____

Telephone # _____

Please list any medical/health problems _____

Program: Tuesdays, October 4, 2022 – May 23, 2023
Gilford Middle School Gymnasium
7:00 – 9:00 PM
Cost: \$1/person/evening

I, _____, agree to participate in the Coed Adult
Participant's Name

Volleyball Program (age 18 and up) sponsored by the Gilford Parks and Recreation Department. I understand that my photo may be taken during the course of the program to be used for promotional purposes or to be displayed on the Parks and Recreation Department's website and/or facebook page. I understand that Volleyball is physical activity with inherent risks that may result in death, heat stroke and injuries including but not limited to; paralysis, muscle pulls and strains, broken bones, sprains, cuts, scrapes and bruising. I also understand that participating in the Adult Volleyball program my subject me to exposure to the COVID 19 virus. I accept/assume all risks inherent to said activity and do hereby release the Town of Gilford, the Gilford Parks and Recreation Department, the Gilford School District, and any of the staff, instructors or program volunteers assisting with this program from any liability arising out of any injury which may occur during the normal course of the above mentioned program.

Participant's Signature

Date