



Community Services

Dawson Creek Volleyball 2024-2025 Season

Parental Waiver - Volleyball

** Must be 15 years of age or older to participate in the league**

In signing this form, I, parent of _____,
from the COED/LADIES team, _____, state
that I agree to the participation of my teenager in the Dawson Creek Community
Services: ADULT CO-ED/LADIES LEAGUE; DROP-IN VOLLEYBALL at their own risk.
I recognize that there is some element of risk in any adventure, sport or activity
associated with the Corporation of the City of Dawson Creek Community Services.
In consideration of the Corporation of the City of Dawson Creek Community Services
permitting my teenager to participate in this program, I, the undersigned, for myself,
my heirs, executors and administrators, hereby waive any and all rights and claims
arising from any cause whatsoever, which I have or may have against the Corporation
of the City of Dawson Creek Community Services, or their respective employees and
members for all injury or loss including personal and property loss arising from any
cause whatsoever, suffered by me or my teenager prior to, during or after the
program and I hereby release the Corporation of the City of Dawson Creek Community
Services, their respective employees and members, including supervisors and workers
related to all facilities used during these activities, from any and all liability for
damages sustained due to or as a result of my teenagers' participation in this league.

I HAVE READ AND UNDERSTAND THE ABOVE

DATE _____

PARENT'S SIGNATURE _____

ADDRESS _____

TELEPHONE _____

PARTICIPANT'S NAME (printed) _____

PARTICIPANT'S BIRTHDATE _____

PARENTAL WAIVER

