

West Geauga Recreation Council Adult Co-ed Rec Volleyball



Attention All Adult Volleyball
Players!

Check out Adult Co-Ed WGRC
Volleyball.

WHO: YOU! And, bring along a friend who likes to play. No experience necessary!

WHAT: Play pickup volleyball games

WHEN: January 27, February 10 and 24, March 3, 10, and 24, April 7 and 28, May 5 and 12.
8:00-10:00 p.m.

WHERE: WGMS MAIN GYM
8611 Cedar Road, Chesterland, Ohio 44026

COST: \$25 individual / \$40 couple for the full program
or \$5 per session, your choice.

Please bring a completed waiver with you to your first session.

WHY: to have fun and get exercise.

No need for a team, play with whoever shows up that particular night.
18 years and over please.

Hope to see you Friday!

Please visit www.wgrc.org for more information.



WEST GEAUGA RECREATION COUNCIL, INC.
p.o. box 393 chesterland, ohio 44026

Waiver of liability and assumption of all risk
(Valid from 8/1/2016 to 7/31/2017)

I do hereby give my approval for participation in the West Geauga Recreational Council and more specifically the Adult Co-Ed Volleyball Program. I assume all risk and hazards associated to the conduct of the activities and do hereby release, absolve, hold harmless and agree to indemnify the West Geauga Recreational Council (WGRC). I also save and hold harmless the WGRC, its employees, and volunteers from and against all claims arising out of damage to property or injury to person(s) associated with this activity resulting from negligence or failure to follow instructions of the program personnel.

I voluntarily assume all risks of accidents or injury and agree to release, indemnify and hold harmless the West Geauga Local School District, its Board of Education, officers, agents and employees from any and all liability for injury or damage, legal and other expenses, and cost of suit brought by any person, firm or entity sustained in connection with this activity.

In the event of injury, I give my permission to seek medical attention and/ or transportation to any hospital. I am covered by our family medical insurance.

Signature: _____ Date: _____

Name (Printed): _____

Address: _____

Phone: _____ Email: _____

Emergency Contact Name: _____ Phone Number: _____