

**WASHINGTON TOWNSHIP RECPLEX WAIVER OF LIABILITY ADULT VOLLEYBALL LEAGUES**

Waiver of Liability: I understand that while I participate in this program, I participate at my own risk. I also agree to and do hereby release and forever discharge Washington Township, the Recreation Department thereof and its officers, agents, or employees from or in any manner arising out of injury or damage which may be sustained in the aforementioned program. I understand that all registration information given to Washington Township RecPlex is subject to Ohio Open Records Law.

Players Name:	I am at least 18 years of age: YES NO
Address:	City/Zip:
I have read and understand the Waiver of Liability. SIGNATURE:	
Add me to the volleyball email list: YES NO	Email Address:

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