

2026 High School Coed Sand Volleyball League Roster

Team Name _____
 Team Name Last Year/Location Played Last Year _____
 Manager's Name _____ Daytime Phone _____
 Email _____ Mailing Address _____
 Assistant Manager's Name _____ Daytime Phone _____
 Assistant Manager's Email _____

ROSTER

OFFICE USE ONLY
Receipt #

Player	Player's Name	Daytime Phone	Level/Location Last Year	Player/Guardian (if under 18) Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Bismarck Parks and Recreation District Waiver and Release of Claims

Total Amount

Please read this waiver carefully and be aware that in registering yourself or your child/ward for participation in Bismarck Parks and Recreation District program(s), you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of BPRD program(s). I recognize and acknowledge that there are certain risks of physical injury and/or death to participant in BPRD program(s) and, I agree to assume the full risk of any such injuries, death, damages, or loss regardless of severity which I or my child/ward may sustain as a result of involvement with BPRD program(s). Further, I hereby waive and relinquish all claims that I, my insurer, or my child/ward may have against the Park District and its officers, servants, and employees from any and all claims for injuries, damages, or loss which I or my child/ward may have or which may accrue to me or my child/ward in relation to his/her involvement with BPRD program(s), regardless whether the activities involved are supervised or unsupervised. I also agree to hold the Park District harmless for any injuries, death, or damages sustained in relation to my child/ward's involvement with BPRD program(s). Nothing in this release shall be intended to release the Park District from responsibility for fraud or willful injury to person or property, nor for any violation of law. This release is intended to and releases only claims for negligence and/or non-willful or non-criminal claims.

PAID

I HAVE READ AND FULLY UNDERSTAND THE ABOVE AGREEMENT OUTLINING MY ASSUMPTION OF RISK AND WAIVER AND RELEASE OF ALL CLAIMS.