



MEDFORD STRAIGHT RIVER DAYS VOLLEYBALL TOURNAMENT TEAM ROSTER

TEAM NAME: _____

MANAGER: _____

MANAGER PHONE: _____

MANAGER EMAIL: _____

It is understood by the acknowledgment of your signature below that by participating in the Straight River Days Volleyball Tournament, you agree to have applicable insurance and to indemnify and hold harmless the City of Medford along with their elected or appointed officials, employees, volunteers, sponsors and vendors from any and all claims, demands, losses, lawsuits and/or damages.

Manager's Signature

Date

Print Player Name

Player Signature

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____
