

SUMMER VOLLEYBALL CLINIC \$20/pp

Player Name:	DOB:	Grade:
Mailing address:		
Phone #:	Email:	
	Make checks payable to: "Reading Recreation Commission	on"
	Mail to: Reading Recreation Comn Attn: Volleyball 320 South 3 rd Street Reading, PA 19602	nission
<u>Injury Release</u>		
successors, and assigns agree to rel save and hold harmless the Reading employees from any loss, liability,	of admittance to this activity does hereby for ease, waive, and forever discharge from a grace Recreation Commission, City of Reading damage, or costs which may be incurred or	Il liabilities and further agree to indemnity, g and Reading School District agents and lue to participation in this activity.
Parent Signature		Date:
Publicity Release		
District and any of its authorized ag I agree that my image may be repro- limitation, print, audio-visual, mult world. I understand and agree that forever discharge the Reading Recr- authorized agents any and all claim	oduced, edited and used in whole or in par imedia and/or exhibition purposes, in any I have no rights to any benefits derived fr reation Commission, City of Reading and	ny electronic or non-electronic form or media t for any and all media, including, without manner, in perpetuity and throughout the om any such image. I expressly release and Reading School District and any of its relation to, or arising out of the use of my
Parent Name (Please Print)		
Parent Signature		Date: