



Poplar Bluff Parks and Recreation Department
430 North Second Street
P.O. Box 472
Poplar Bluff, MO 63900472
Phone: 573-686-8645
Fax: 573-686-8613
Web Site: www.poplarbluff-mo.gov

Adult Activity Release Form

Circle One or Each:

Activity: Softball Volleyball

League: Men's Coed Women

Team Name: _____

Participant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

Email: _____

Release and Hold Harmless Agreement

I, the above named participant, intend to participate in the Poplar Bluff Parks and Recreation program. I fully recognize and assume the responsibility for the risks that exist in this activity. In consideration for my participation in this recreational activity, I hereby agree that the Poplar Bluff Parks and Recreation Department, the City of Poplar Bluff and/or the Poplar Bluff R-1 School District, its employees, officers, or independent contractor (hereafter referred to as Park Department) shall not be liable for any damages, arising from personal injuries or damage to property which may occur before, during, or after the recreational activity I am participating in, no matter where its location. I will assume full responsibility for any such injuries or damages and I do hereby full and forever release and discharge the Park Department from any and all claims, demands, damages rights or action, or causes of action present of future, whether the same be known, or unanticipated resulting from or arising out of these activities. While participating in any parts of this activity, including but not limited to coming from and going to the activity sites.

I will conduct myself in accordance with the rules and regulations of the Park Department, the specific rules regarding the recreational persons placed in charge of such activities by the Park Department. In the event that my action should result in injuries to person or property and a claim is made against the Park Department, I will hold harmless, defend and indemnify the Park Department against whether the same be known, anticipated or unanticipated resulting from my actions.

Participant's Signature: _____ Date: _____

This form must also be signed by a parent/guardian if the participant is under 18 years of age.



Poplar Bluff Parks and Recreation Department

430 North Second Street

P.O. Box 472

Poplar Bluff, MO 63900472

Phone: 573-686-8645

Fax: 573-686-8613

Web Site: www.poplarbluff-mo.gov

Adult Volleyball Coaches Form

Circle One:

Women's A League _____ Women's "B" League _____ Coed League _____

Team Name: _____

Coach's Information:

Head Coach

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

Email: _____

Assistant Coach

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

Email: _____



Poplar Bluff Parks and Recreation Department
430 North Second Street
P.O. Box 472
Poplar Bluff, MO 63900472
Phone: 573-686-8645
Fax: 573-686-8613
Web Site: www.poplarbluff-mo.gov

Sponsorship Agreement Form – Adult Programs

Please Circle One In Each Category Below:

Activity: Softball Volleyball
 League: Men’s League Women’s A League Women’s B League Coed League

Sponsor: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Team Name: _____

Team Coach/Captain: _____

I, the sponsor listed above, agree to pay the sponsorship fee of \$_____ for the adult recreation program indicated above.

Signature: _____ Date: _____

Title: _____

*All checks are to be made payable to
 Poplar Bluff Parks and Recreation Department*

