

SKAGIT COUNTY



*Parks and Recreation*

# Skagit County Parks and Recreation

1730 Continental Place – Mount Vernon, WA 98273

360-416-1350 – [parksrec@co.skagit.wa.us](mailto:parksrec@co.skagit.wa.us)

[www.skagitcounty.net/parks](http://www.skagitcounty.net/parks)



## PARTICIPANT WAIVER AND CONTRACT

I, \_\_\_\_\_, wish to participate in Skagit County Parks & Recreation's **2025-2026 COED Volleyball Leagues**. I realize that participating in programs is hazardous and may result in injury. Further, I agree that in consideration for permission to participate in this program:

- 1) I assume all risks of injury incurred or suffered by me while at, or participating in the above named activity.
- 2) I waive, release and agree not to sue Skagit County, its officers, employees, elected officials, heirs, Agents, executors or administrators; contracted sports officials, scorekeepers, and instructors; Skagit Valley College; Mount Vernon School District; and Sedro Woolley School District from any and all rights, claims or losses sustained by me while at, or participating in this activity. I, the undersigned, acknowledge that I have read this statement in its entirety, and understand and agree to the terms of this waiver and contract.

\_\_\_\_\_  
Participant Name (print)

\_\_\_\_\_  
Signature (Parent if under 18)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Home Phone/Work Phone

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Date

\_\_\_\_\_  
Team

**No persons are eligible to participate until this form is completed and given to a Skagit County Parks & Recreation Department Representative.**