## clerks clerks

Phone:

## ADULT SPORTS OFFICIAL AGREEMENT VOLLEYBALL LEAGUE

	F	LED
NO	96.	120

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Name: Songarin Trening 96 SE	<del>P 16 A9 :4</del> 6
Name: Sonya M. Henning 96 SE Effective Date: 9-6-96	<del># 10 VIET</del>
Pay Rate: \$12.00 per match	CONKY TEDUT
OFFICIAL RESPONSIBILITIES	DE DE LA
1. Arrive at the match at least 30 minutes before game time to set up nets.	*
<ol> <li>Abide by the general regulations for Adult Sports Leagues as set forth by the Douglas County Recreation Department.</li> </ol>	Parks &
3. Notify the League Director or the Recreation Division if you are unable to work at least 24 hou so that another official can be scheduled.	ars in advance
<ol> <li>Notify the League Director or Recreation Division of any incidents including accidents, fighting unsportsmanlke conduct.</li> </ol>	g or
5. At the end of each match sign the score sheet.	~
6. Comply with the conduct rules established in the Dough County Personnel Ordinance.	
7. Turn in you completed time sheet with dates and number of matches worked to the Recreation	Division.
DOUGLAS COUNTY RECREATION DIVISION'S RESPONSIBILITIES	
1. Douglas County Recreation Division's League Director will provide you with a game schedule.	•
2. Douglas County Recreation Division's League Director will notify you of any changes in the so	chedule.
This agreement may also be terminated by any party upon (30) days written notice to the other party. may cause immediate termination in instances where other employees could be terminated such as dr iob, immoral behavior, insubordination, breach of contract, or any action in violation of County pers Policies (DDC 2.02.080)	inking on the
WAIVER	
It is understand that you shall indemnify, defend and hold harmless Douglas County from any and all lia damages or expenses which may occur resulting from your participation as an official in the Douglas C & Recreation Volley League.	County Parks
Signes:	14
Brian Fitzgerald, Recreation Superintendent	· · · · · · · · · · · · · · · · · · ·
Official Signature Date:	16
Address: 1383 S. Riverview Dr.	•
(202) 2105-4599	<u> </u>
Social Security Number:	425

Day: 265-4599

Night: Same

REQUESTED BY

VOLLEYVALLEY

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LINDA SLATER RECORDER

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The document to which this certificate is attached is a full, true and correct copy of the original on file and on record in my office./

of the State of Neyada, in and for the County of Douglas.

Deputy