

# Athletic Roster

Team Name	Team Sponsor		
Manager	Address	City	Zip
Phone: (H)	(W)	Asst. Manager	Phone: (H) (W)
Email address	Email address		

**Waiver Form and Release of all Claims**

*"As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and to relinquish all claims I may have as a result of participating in the program against the Park District and its officers, agents, servants, and employees. I do hereby fully release and discharge the Park District and its officers, agents, servants, and employees from any and all claims from injuries including death, damage, or loss, which I may have or which may accrue to me on account of my participation in the program. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages, and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program. I have read and fully understand the above Program Details and waiver and Release of all Claims".*

*We, the undersigned, hereby acknowledge that each of us has read the above waiver and release form and each of us, individually, hereby agree to be bound by the terms of said waiver and release.*

Player's Name	Phone	Home Address/City/Zip	Age	Signature	Work Address/City/Zip
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I certify the above to be correct

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Signature of Team Manager/Date