



PLAYER WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT ROSTER FORM

PLEASE PRINT OR TYPE

ADULT TEAM ROSTER

TEAM NAME: _____

SELECT LEAGUE TYPE: Softball Soccer Basketball Volleyball ACTIVITY CODE/SECTION: _____

MANAGER'S NAME: _____ ADDRESS: _____

EMAIL ADDRESS: _____ PHONE: _____ FAX: _____

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use of any photographs taken or video tapes made of the program. If the participant is a minor, the parent or guardian approves his or her participation in the program.

| NAME (PRINT CLEARLY) | DOB* | STREET ADDRESS, CITY AND ZIP | PLAYER PHONE | EMERGENCY PHONE | SIGNATURE |
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| NAME (PRINT CLEARLY) | DOB* | STREET ADDRESS, CITY AND ZIP | PLAYER PHONE | EMERGENCY PHONE | SIGNATURE |
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