



PLAYER WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT ROSTER FORM

PLEASE PRINT OR TYPE

Team Manager/Coach: _____ Assistant Coach: _____

Sport/League Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: (H): _____ (W): _____ (C): _____ Email: _____

Grade/Division: _____ Organization: _____

Team Name: _____ Area (Youth Sports Only): _____

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 the participant's image and likeness as shown in any photographs, videotapes, motion picture film, or electronic images and any audio recordings made of the participant's voice in whatever way the County desires, including television print and Internet websites. Furthermore, the participant consents that such photographs, films, recordings, electronic images shall be the sole property of the County. If the participant is a minor, the parent of guardian approves his or her participation in the program. Neither the instructor nor any staff are responsible for children prior to or after scheduled program.

Name	Street Address/City/Zip	Birthday (mm/dd/yy)	School Attending (If applicable)	Grade (If applicable)	Age	Phone	Participant or Parent/Guardian Signature
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							