

Cuyahoga Falls Parks and Recreation Adult Softball Team Roster

TEAM NAME: _____ LEAGUE NAME: _____

TEAM MANAGER: _____ MANAGER'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ CELL: (____) _____

EMAIL: _____ AMATEUR ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the City of Cuyahoga Falls Parks and Recreation athletic/sports program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist;

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for my participation;

I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately;

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE City of Cuyahoga Falls, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my involvement or participation in these programs.

I HAVE READ THIS RELEASE OR LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

First & Last Name	Jersey #	Age	Zip Code	Phone #	Email Address	Player Signature Indicating compliance with all leagues rules, & policies.
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TEAM MANAGER'S AFFIDAVIT - THIS IS TO CERTIFY THAT THIS ROSTER DOES NOT INCLUDE ANY ASSUMED NAMES AND THAT EACH PLAYER CONFORMS TO THE ELIGIBILITY RULES GOVERNING CUYAHOGA FALLS PARKS AND RECREATION SOFTBALL.

TEAM MANAGER SIGNATURE: _____ DATE: _____