

ADULT TEAM ROSTER

TEAM MANAGER: _____

MAILING ADDRESS: _____

SPONSOR NAME: _____

TEAM MGR. #: _____

DIVISION: MEN'S WOMEN'S CO-ED

SPORT: BASKETBALL SOFTBALL VOLLEYBALL

In consideration for participating in the city of Monte Vista's Parks and Recreation programs or using Parks and Recreation facilities, the undersigned, on behalf of himself/herself and his/her heirs, successors, representatives, and assigns, hereby expressly exempts and releases, and agrees to indemnify and hold harmless, the city of Monte Vista, its officers, employees, volunteers, insurers, and self-insurance pool, from and against all liability, claims, and demands, either past, present or future, which are incurred, made, or brought by himself/herself or any other person or entity, on account of damage, loss, or injury, including without limitation claims arising from property loss or damage, bodily injury, personal injury, sickness, disease, death, or any other loss of any kind whatsoever, which arise out of or are in any manner connected with the participation in the program or use of the facilities. I MUST BE IN GOOD HEALTH TO PARTICIPATE IN THE ABOVE PROGRAM. IN FILLING OUT THIS FORM, I ACKNOWLEDGE THAT I AM AN AMATEUR PARTICIPANT IN THIS PROGRAM. I GIVE MY PERMISSION FOR FREE USE OF MY NAME AND PICTURE IN ANY MEDIA ACCOUNT OF THIS PROGRAM. MY SIGNATURE ON THIS ROSTER BINDS ME TO THIS TEAM UNTIL GIVEN A RELEASE BY THE MANAGER. I ALSO AGREE TO ABIDE BY ALL RULES GOVERNING THE LEAGUE.

	Player Name: Last, First	Age	Address	Signature
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Manager Name: _____

Manager Signature: _____