



2018 Adult Co-Ed Softball Roster, Agreement, Waiver & Release

SIGNING THIS ROSTER STATES YOU HAVE READ AND AGREE WITH THE WAIVER ON THE REVERSE SIDE!

I CERTIFY THAT ALL PERSONS READ THIS AGREEMENT AND PERSONALLY SIGNED THIS IN MY PRESENCE.

Team Name: _____ Manager's Signature: _____ Manager's Phone #: _____ Date: _____
 Manager's E-Mail Address: _____

SIGNATURE	PRINT NAME	DOB	HOME PHONE	WORK PHONE	HOME ADDRESS (no PO Boxes)	ZIP
1.						
2.						
3.						
4.						
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17.						
18.						

Cost per Team: \$350

*No changes to the roster will be allowed after the 2nd game of the season!



2018 Adult Co-Ed Softball Roster, Agreement, Waiver & Release



CITY OF WINTERS – 2018 SEASON

Activity: Recreational Co-Ed Adult Slow Pitch Softball

AGREEMENT, WAIVER, AND RELEASE – Adult (18 and Over) ATHLETIC LEAGUE

In consideration for being permitted by the above City to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have or which may hereafter accrue as a result of my participating in said activity.

This release is intended to discharge in advance the above City (its officers, employees, or agents) from and against any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of said City (its officers, employees, or agents).

I understand that the above activity may be of a hazardous nature and/or strenuous exercise or activity; that serious accidents occasionally occur during the above activity; and that participants in the above activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof.

Knowing the risks involved, nevertheless, I have voluntarily applied to participate in said activity and I hereby agree to assume any and all risks of injury or death and to release and hold harmless the above City (its officers, employees, or agents) who through negligence, carelessness, or any other act or omission might otherwise be liable to me.

I further understand and agree that this waiver, release and assumption of risks is to be binding on my heirs and assigns.

I further agree to indemnify and to hold the above City (its officers, employees, or agents) free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of any injury and/or property damage that I may sustain while participating in said activity.

I give consent to the City of Winters to use my likeness or any photographs of me participating in this program. I understand the pictures may be included in program scrapbooks and/or in the promotion of City programs.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE ON THE OTHER SIDE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE CITY AND I SIGN IT OF MY OWN FREE WILL.