

# Athletic Team Roster



<b>Team Name</b>	
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Manager Name	Email Address	Phone #	City, State, Zip	Signature
Player's Name	Street Address	Phone #	City, State, Zip	Signature

*"As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of any injuries, including death, damages, or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and to relinquish all claims I may have as a result of participating in the program against the Park District and its officers, agents, servants, and employees. I do hereby fully release and discharge the Park District and its officers, agents, servants, and employees from any and all claims from injuries including death, damage, or loss, which I may have or which may accrue to me on account of my participation in the program. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages, and losses sustained by me and arising out of, con-nected with, or in any way associated with the activities of the program. I have read and fully understand the above Program Details and waive and Release of all Claims"*

*We, the undersigned, hereby acknowledge that each of us has read the above waiver and release form and each of us, individually, hereby agree to be bound by the terms of said waiver and release.*

<b>Signature of Team Manager/Date:</b>	
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