



CITY OF LAKEWOOD RECREATION & COMMUNITY SERVICES

OFFICIAL ROSTER & PLAYER WAIVER - Spring 2017 ADULT SOFTBALL

Team Name: _____

For Official Use:		
\$ _____	Date: _____	Initials: _____
League: _____	No. _____	

*Type or print clearly, the name of each player in the first column. Each player must personally sign in the second column. PHOTO COPIES NOT ACCEPTED.

IMPORTANT: READ BEFORE SIGNING:

I, the undersigned, fully understand that my participation in the city activity(ies), (hereinafter "softball") exposes me to the risk of property damage, personal injury or death. I hereby acknowledge my voluntary participation in softball and agree to assume any such risk. I hereby release, discharge and agree not to sue the City of Lakewood its officers, employees and agents for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in softball from whatever cause, including the active or passive negligence of the City of Lakewood, its officers, employees and agents or any other participants in softball. The parties to this agreement understand that this document is not intended to release any party from any act or omission of "gross negligence," as the term is used in applicable case law and/or statutory provision. In consideration for being permitted to participate in softball, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the City of Lakewood, its officers, employees and agents from any and all claims, demands, actions, or suits arising out of or in connection with my participation in softball. I also understand that from time to time City representatives may photograph and videotape City recreation programs and participants. By signing this form, I authorize the City to use or publish any images taken by the City showing my participation. I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

*KO-REC ROSTERS: Check box for each female player. FAST PITCH ROSTERS: Check box for each pitcher.

PLAYER'S NAME (PLEASE PRINT)	PLAYER'S SIGNATURE	ADDRESS (PLEASE PRINT)	CITY & ZIP CODE (PLEASE PRINT)	PHONE # (PLEASE PRINT)
<input type="checkbox"/> 1.				
<input type="checkbox"/> 2.				
<input type="checkbox"/> 3.				
<input type="checkbox"/> 4.				
<input type="checkbox"/> 5.				
<input type="checkbox"/> 6.				
<input type="checkbox"/> 7.				
<input type="checkbox"/> 8.				
<input type="checkbox"/> 9.				
<input type="checkbox"/> 10.				
<input type="checkbox"/> 11.				
<input type="checkbox"/> 12.				
<input type="checkbox"/> 13.				
<input type="checkbox"/> 14.				
<input type="checkbox"/> 15.				
<input type="checkbox"/> 16.				

I understand all roster provisions including the restriction which limits making additions. I hereby verify that all information above is accurate and that all signatures are authentic and representative of the person described. PLEASE PRINT NAME and SIGN.

_____	_____	_____	_____
Manager's Name (please print)	Signature	Date	email address
_____	_____	_____	_____
Assistant Manager's Name (please print)	Signature	Date	email address