Park After Dark Adult Kickball Tournament Team Roster Form

Name of Team: _____

Team Captain/Contact: _____ **Phone #:** _____ **Email:** _____

Address: _____

By completing the information requested below, and signing my name on the signature line, I certify that I have read and understand the warning and liability release set forth on the lower portion of this form.

Player's Name	Address (Street, City, Zip)	Date of Birth	Phone Number	Email	Liability Release Signature (I have read below)

I certify that the information listed above is true and correct.

Team Captain's Signature: _____ **Date:** _____

Liability Release

Warning, Liability, Release, Acknowledgement and Assumption or Risks – I understand that participation in this recreational program involves risk of injury. These risks include collision with other players or objects, being hit by the ball, falling, scratches, bruises, etc. I further understand that before participating in this program I should consult a physician for advice. By signing this form, I acknowledge all risks of injury and death, and affirm that I am willing to assume responsibility should injury or death result from them. I also agree to follow all rules and procedures of the program and to follow reasonable instructions of supervisors of the program. Furthermore, in return for the opportunity to participate in this program, I agree for myself, and for my heirs, assigns, executors, and administrators, to waive any legal rights I may have to seek payment of any kind from the Town, its employees, or its agents for bodily injury or death resulting from this program, and release those parties from any liability for damages resulting from my injuries or death. This waiver and release applies to injuries from all causes and includes all payments or legal remedies I might be entitled to from the Town, its employees, or its agents.