

City of Idaho Falls Parks and Recreation / USA Softball

Co-Ed Rec Roster / Waiver

TEAM NAME _____

Division (circle one): A (7-10 wins) B (4-6 wins) C(Beginner - 3 wins)

MANAGERS NAME _____

Circle one: Mon/Tue. Schedule Wed/Thur. Schedule

ADDRESS _____

E-MAIL _____

CITY _____

STATE _____

ZIP _____

PHONE (txt) _____

PLAYER WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

I, the undersigned player, acknowledge, agree and understand that:

1. Voluntarily and of my own free will, I elect to participate as a member of the softball team and league indicated above.
2. I understand that there are certain risks and hazards involved in participating in softball that may result in injury or death to me or other players.
3. I release, discharge and agree not to sue the team, umpires, field owners and/or City of Idaho Falls and USA Softball.

PLAYER NAME	ADDRESS / ZIP	PHONE	PLAYER SIGNATURE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
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13.			
14.			
15.			
16.			
17.			
18.			

ADDITIONS OR DELETIONS TO THIS ROSTER MUST BE FILED ON PROPER FORM NO LATER THAN JULY 1 OR PARTICIPATING

MANAGER SIGNATURE _____

DATE _____

COMMISSIONER SIGNATURE _____

PHONE _____

DATE _____