



Adult Athletic Roster/Waiver

Team Name _____ Year _____

Manager _____

Home # _____ Work# _____ Cell# _____

Email _____

Address _____

City/State/Zip _____

Waiver and Release of All Claims

Please read this form carefully and be aware that in signing up and participating you will be waiving and releasing all claims of injuries you might sustain arising out of this program.

I recognize and acknowledge that there are certain risks of physical injury to participants and I will agree to assume the full risk of any such injuries, damages or loss regardless of severity which I may sustain as a result of participating in any activities connected or associated with any such programs(s). I waive and relinquish all claims I may have against the Park District and its officers, agents, servants and employees as a result of participation. I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims of injuries, damage or loss which I may have or which may accrue to me on account of my participation. 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, damages and losses sustained by me and arising out, connected with or in any way associated with the activities of any of the program(s).

All players participating on an adult athletic team must sign on the reverse side of this form.

Lombard Park District Adult Athletic Roster/Waiver

Team Name _____ **League** _____ **Manager** _____ **Year** _____

PRINT OR TYPE PLAYERS NAME	DATE OF BIRTH	PLAYER SIGNATURE	PLAYER RESIDENCE (STREET,CITY,STATE,ZIP)	PHONE NUMBER
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				
13)				
14)				
15)				
16)				
17)				
18)				
19)				
20)				