



City of Ruston Parks and Recreation - Team Roster / Waiver

Team Name _____

Team Coordinator _____

	Name (print)	Signature	Mailing Address	Telephone	Email
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MY SIGNATURE INDICATES THAT I HAVE READ AND UNDERSTAND THE INFORMATION CONTAINED BELOW.

I am a member of the above named team and, as a participant, will abide by all of the rules, regulations and policies set forth by the City of Ruston Parks and Recreation Deparement.

I understand participation in athletic activities may have an element of hazard or inherent danger, and I take full responsibility for my actions and physical condition.

I hereby for myself, my heirs, executors and administrators agree to indemnify and hold RPAR and its employees, representatives, successors and assings harmless from any liability, loss, cost or expense (including attorney's fees, medical and ambulance costs) that may occur while participating. In case of emergency, I give my permission for emergency medical treatment. This form shall be considered valid until canceled or changed in writing by the undersigned participant/parent/guardian.

Team Captain's Signature verifying AUTHENTICITY of signatures: _____

Date: _____

