

City of Agoura Hills  
 Department of Community Services  
 30610 Thousands Oaks Blvd.  
 Agoura Hills, CA 91301  
 Phone: (818) 597-7361  
 Fax: (818) 597-7365

Team Name: \_\_\_\_\_  
 Manager: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Bus. Phone: \_\_\_\_\_

Night: \_\_\_\_\_ Division: \_\_\_\_\_  
 Sponsor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

## BASKETBALL ROSTER

	NAME	ADDRESS	CITY	ZIP	PHONE	SIGNATURE (WAIVER)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

### GENERAL RELEASE, WAIVER AND INDEMNITY AGREEMENT

I certify that I am volunteering to participate in the Adult Basketball League(s). I understand that "participation" in the Program may include preparing for, traveling, receiving instruction, and engaging in the Program. I further certify that I am in good health and have no physical or other impediment which would endanger me while participating in the Program. I realize that, by participating in this Program, I will be exposed to a risk of injury or death. In consideration of permitting me to enroll in and participate in the Program, I agree (on behalf of myself, my heirs, executors, administrators, and assigns) to release, discharge, waive, and relinquish the City of Agoura Hills (and its officers, agents, employees, and volunteers) from any and all liabilities, claims, or actions for personal injury, property damage, or wrongful death which arise out of or relate to the Program, whether or not the liability, claim, or action arises out of negligence or carelessness on the part of the City of Agoura Hills (or its officers, agents, employees, or volunteers). I further agree (on behalf of myself, my heirs, executors, administrators, and assigns) to indemnify, defend, and hold harmless the City of Agoura Hills (and its officers, agents, employees, and volunteers) from any and all liabilities, claims or actions for personal injury, property damage, or wrongful death which arise out of or relate to my participation in the Program, whether or not the liability, claim, or actions arises out of negligence or carelessness on the part of the City of Agoura Hills (or its officers, agents, employees, or volunteers). I understand the dangers incidental to participating in the Program and the need for safety precautions. I have read this General Release, Waiver and Indemnity Agreement and am fully aware of the legal consequences of signing it.

**PARENTAL CONSENT:** (To be completed and signed by parent/guardian if applicant is under 18 years of age.) I certify that I am the parent or legal guardian of the above participant and that I am entitled to his or her custody and control and I do hereby give permission for the Child to participate in the above activity. I further certify that the Child is in good health and has no physical or other impediment which would endanger him or her while participating in the Program. I realize that, by participating in this program, the Child will be exposed to a risk of injury or death. I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I understand the dangers incidental to participating in the Program and the need for safety precautions and I have discussed the dangers of the program and the need for safety precautions with the child.