

ADULT SOFTBALL TEAM REGISTRATION - ROSTER AND WAIVER OF LIABILITY FORM



eam Name		Season	Divison		
	Winter Spring	Summer Fall	Tuesday Friday	Sunday	
lanager Name (please print)	Email	Address (include city and zip)	Phone	Signature	
tournament, practice or scrimmage. With full I Avondale, Maricopa County and their officers, ag which I may have or which may occur to me on	knowledge of the above-referenced risks, and lents, servants and employees. I do hereby re account of my participation in this program. I o	s sport and there are certain risks of physical injury including, but not lim in consideration for the City of Avondale, I agree to assume the full risk of lease and discharge the U.S. Government, City of Avondale and their of of urther agree to indemnify and hold harmless the U.S. Government, C ected with, or in any way associated with the activities of the program. E	of any injuries I may sustain as a result of pa ficers, agents, servants and employees from ity of Avondale, Maricopa County and their o	rticipating in the program against the U.S. Government, any and all claims from injuries, including death, damag ifficers, agents, servants and employees from any and a	
with other material of any kind, my name and my promotion, advertising, trade, business or other perein in any way it sees fit without limitation, rese	likeness, my photograph and other reproducti purpose whatsoever, except for the endorsen evation or payment of any fee. A.R. S.§ 1-602	riew me and/or photograph me and/or my property, I hereby grant my cons of me and/or my property, including my features with or without my nent of any product. This Consent applies to the use, reuse, sale, public. A.9: Notice is hereby given that pursuant to A.R.S.§ 1-602.A-9, subject minor child. Recreational activities and programs may be video recorded.	ame, together with any alterations or additio ation or reproduction of the Material in all co to certain specified statutory exceptions, pa	ns thereto (collectively, the "Material") for any publishing mmunication mediums. The City may exercise its rights rents have a right to consent before the State or any of i	
Player Name (please print)	Email	Address (include city and zip)	Phone	Player Signature Date S	
		s, city, state, zip, birthdate, phone numbers and signature of playe			