

TEAM ROSTER

Team Name _____ League _____ E-Mail _____

Manager's Name _____ Address _____

City, State _____ Zip _____ Phone _____

The La Porte Park and Recreation Department reserves the exclusive right to accept or reject any roster submitted for league play. There will be no refund of entry fees or any additional fee(s) one-week after deadline date.

Please **PRINT** or **TYPE** all roster information. Complete and accurate information is essential. Rosters will not be accepted without signatures on the reverse side.

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Office Use Only:
 Received by: _____
 Date: _____

(OVER)

THIS IS A WAIVER & RELEASE AGREEMENT
City of La Porte
La Porte Park & Recreation Department
Adult Sports Programs

WAIVER AND RELEASE OF ALL CLAIMS

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

THIS A RELEASE

Acknowledgement of risk of injury clause "As a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program"

Waiver of Claim For injury clause "I agree to waive and relinquish all claims I may have as a result of participating in the program against the above named entity and its officers, agents, servants and employees"

Release from Liability clause "I do hereby fully release and discharge the above named entity and its officers, agents, servants and employees from any and all claims from injuries, including death, damages or loss which I may accrue to me on account of my participation in the program"

Indemnity an clause "I further agree to idemnify and hold harmless and Defense defend the above named entity and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program."

I am voluntarily participating in this activity with the knowledge of the risks, which includes contracting a disease like COVID-19.

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