

## **Adult Sports Team Roster**

Email: Recreation@mountainview.gov Fax (650) 962-1069

Геат Name	Manager Name	Circle League:	CO-ED INT	CO-ED REC
			MENS C/D	MENS D

In consideration of participation in a class or activity offered by the Recreation Division of the City of Mountain View, I, the below signed, agree to indemnify and hold the City of Mountain View harmless and hereby waive, release and discharge any and all claims for loss or damage, for death, personal injury, bodily injury or property damage which I may have or which hereinafter may accrue to me against the City of Mountain View, its City Council, employees, agents, and volunteers for any liability arising out of or connected in any way with my participation in this class or activity, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above. I understand that accidents and injuries can arise from participation in this class or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of myself, my heirs and assigns and to release and to hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on me and on my heirs and assigns. I have read and agree to the registration and program policies. Further, I agree to allow use of my photograph for public publicity. By my signature below, I acknowledge that I have read this document and understand its contents.

ponon	FIRST & LAST NAME	graph for public publicity. By my signature below, I acknowledge that I h ADDRESS, CITY, ZIP	PHONE	SIGNATURE	DATE
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