

TEAM FORM

Coach & Team Information

Team Name: _____

Name of coach: _____ Best Phone: _____

Best Email: _____

In consideration of being allowed to participate in any way in the **NCS & PG Rec Program**, related events and activities, the undersigned acknowledges, appreciates, and agrees to the following:

1. The risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist.
2. Each player is KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume all full responsibility for their participation.
3. Each Player is willing to agree with the stated and customary terms and conditions for participation. If however we observe any unusual significant hazard during our presence or participation, each player will remove themselves from participation and bring such to the attention of the nearest official immediately.
4. **Each player and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS NCS & PG REC, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct each event. WITH THE RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. FULLY UNDERSTAND ITS TERMS, UNDERSTANDING THAT EACH PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS ROSTER FORM, AND SIGNING IT FREELY AND VOLUNTARILY WITHOUT ANY AND INDUCEMENT**

ALL PLAYERS MUST SIGN THE ROSTER TO PLAY IN OUR LEAGUES

	LEGAL FIRST & LAST NAME	DOB	EMAIL	SIGNATURE	DRIVERS LICENSE #
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