

# CITY OF STAMFORD

## ADD-ON OR TAKE-OFF FORM

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### OFFICIAL PLAYER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

I, the undersigned player acknowledge, agree, and understand that: 1) Voluntarily and of my own free will, I elect to participate as a member of the team and league indicated below. 2) I understand, that there are certain risks and hazards involved in participating in including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants. Further, I agree that in consideration for the right to play as a member of the team designated below and in consideration for permission to play on the field or court arranged for by the team or league: 1) I voluntarily elect or accept and solely assume all the risk of damage, injury, including death, incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member or observer during practice or play or by other teams or by other players on my team, and while on or upon any and all of the fields arranged for by my team or league for practice or play. 2) I release, discharge and agree not to sue the team and/or league designated below or any owner of lease of the fields/courts on which the sport is played or practiced by my team, or the City of Stamford, or damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to negligence, breach of contract or wrongful conduct of the parties hereby released. I further agree that I shall hold harmless and fully indemnify the parties hereby released from any claims, damages, costs including attorney fees, and cause of any action which may arise from any claim or cause of action made by me, through me or on my behalf even if the damages, injuries or death caused in whole or in part by any other parties or entities hereby released. I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE ON THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

NAME OF TEAM: \_\_\_\_\_ LEAGUE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADD: \_\_\_\_\_ (NUMBER OF PLAYERS) TAKE-OFF: \_\_\_\_\_ (NUMBER OF PLAYERS)

*By signing below, I acknowledge that I have read and agree to the provision of the waiver/release above:*

| NAME & ADDRESS OF PLAYER (Print) | SIGNATURE OF PLAYER | PHONE #'S |
|----------------------------------|---------------------|-----------|
| 1. _____<br>_____                | _____               | _____     |
| 2. _____<br>_____                | _____               | _____     |
| 3. _____<br>_____                | _____               | _____     |