TE	AM NIAME						
1 =	AM NAME		MANAGE	R'S NAME			
	HOME PHONE WORK PHONE		CELL PHO	NE	E-MAIL ADDRESS		
haza injur all of	ards involved in participating that may y or death. I understand that the very f which can cause serious injury or d	y result in injury or death to me or y nature of the game is hazardou eath to me and to other players.	other players. I uns as and risky,includin Further, I the under	derstand that p g but not limite signed player a	elect to participate as a member of the team playing on a hardwood court or on a field is d to, the acts of running,jumping,stretching agree that in consideration for the right to pla	dangerous to me and other pl , diving,collisions with other p ay as a member of the team o	ayers and may result in serion layers and with stationary ot designated above and in
mem he g ager utur ACK	nber of the team so designated, b) w gyms or fields arranged for by my tea nts,servants,associations, employees re have as a result of injuries or dama	hile serving in a non-playing capi am or league for or play. I release s,or any person or enitity connect ages sustained or incurred by me	cityas a team membe, discharge and aged with the team, lead from whatever cau	per during prace ree not to sue eague, gym, fic se including b	ept and assume all risks and of injury incur- tice or play by other teams or by players on the team and the league designated above eld or The City of Stamford, for any claim, du to not limited to the negligence, breach of co PROVISIONS IN THIS WAIVER, RELEASE	n my team, and c) while on or the gym owners or other ent amages, costs or cause of ac ontract or wrongful condutted	upon the premise of any and ity designated below, the officition which I have or may in the parties released. I
	PLAYERS NAME	PLAYERS SIGNA	TURE INIT	IAL DATE	ADDRESS/COMPANY	WORK PHONE	HOME PHONE
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