

PLAYER WAIVER, 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 an Adult team and league.
2. I understand that there are certain risks and hazards involved in participating in Adult Leagues that may result in injury or death to me or other players, including, but not limited to, those hazards associated with weather conditions, playing conditions, equipment and other participants.
3. I understand that playing Adult Sports is dangerous to me and to other players and may result in serious injury or death.
4. I understand that the very nature of Adult Sports is hazardous and risky, including, but not limited to, acts of running, jumping, throwing, catching, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.

Further, I, the undersigned player, 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 court arranged for by the team or league

1. I, voluntarily elect to accept and assume all risks of injury 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 during practice or play by other teams or by other players on my team, and © while on or upon the premises of any and all of the fields/courts arranged for by my team or league for practice or play.
2. I release, discharge and agree not to sue the team and league designated below, the field/court owner or other entity including The City of Statesville Recreation and Parks Department, Get Fit Iredell, The Statesville Fitness and Activity Center, and The City of Statesville for any claim, 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 the negligence, breach of contract or wrongful conduct of the parties hereby released.

Name of team

Name of league

Field owner or other entity

Get Fit Iredell

City of Statesville Recreation & Parks Department

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Players Signature

Player's Signature

GET FIT IREDELL DODGEBALL TOURNAMENT



TEAM	MANAGER'S NAME	CELL PHONE
EMAIL	SPORT	LEAGUE

PLAYERS NAME	PLACE OF EMPLOYMENT	PHONE #	EMAIL
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

I am the manager of the above team and say that all information supplied above is correct to the best of my knowledge and that all of the players signed the above in their handwriting and they are eligible to compete with my team in the play of the Statesville Recreation and Parks Department above named league

The Statesville Recreation and Parks Department does not discriminate on the basis of race, gender, national origin, religion, age or disability in employment or the provision of services. We encourage participation of all citizens. If any disabled person has a special need(s) please call the Statesville Recreation and Parks Administrative office at 704-878-3429. Toll Free TDD Relay Service.....1-800-735-2962

TEAM MANAGER SIGNATURE

Please return the completed registration form to Richard Griggs via email rgriggs@statesvillenc.net or fax 704-871-0008 by 1/25