



AVONDALE/TOLLESON COMMUNITY DAY OF PLAY SOFTBALL ROSTER FORM



Team Name _____

Coach _____ Home Phone _____ Work Phone _____

WAIVER AND RELEASE OF ALL CLAIMS

2014

As a participant in the above activity, I recognize that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss that I may sustain as a result of participating in any and all activities connected with or associated with such programs. I agree to waive and relinquish all claims I may have as a result of participating in the program against the U.S. Government, City of Tolleson, City of Avondale and their officers, agents, servants, and employees. I do hereby release and discharge the U.S. Government, City of Tolleson, City of Avondale and their officers, agents, servants, and employees from any and all claims from injuries, including death, damage or loss which I may have or which may occur to me on account of my participation in the program. I do further agree to indemnify and hold harmless the U.S. Government, City of Tolleson, City of Avondale and their officers, agents, servants, and employees from any and all claims regarding resulting from injuries, including death, and losses sustained by me and arising out of, connected with, or in any way associated with the activities of the program.

PLAYER NAME (please print)	ADDRESS	PHONE NUMBER	MALE / FEMALE	SIGNATURE
1. Manager				
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