

# North Castle Parks and Recreation Department

## Team Roster/Waiver Form - 2020 Adult Softball

Team Name: \_\_\_\_\_

Manager: \_\_\_\_\_

Manager Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**PLEASE READ:** By signing your name below you agree to the following RELEASE of LIABILITY: I agree that I am aware of the inherent risks and dangers involved in these programs, activities or sports including bodily harm, injury, property damage, or even accidental death, which may result from strenuous activity or other causes related to the program, activity, or sport. I agree to use the playing facilities of the TOWN of NORTH CASTLE at my own risk. I further agree to release and hold harmless the TOWN of NORTH CASTLE, its officials, officers, agents, employees, and volunteers from and against any and all liability, property damage, or claim of any nature arising out of or in any way related to my participation in this program, activity, or sport. I further understand that the TOWN of NORTH CASTLE does not provide accident or medical insurance and I am financially responsible for any loss and/or all medical expenses that I may incur.

**Eligibility Codes:**    **NCR = RES**    **NR = NON RESIDENT (4NR/TEAM)**    **E= EMPLOYED IN TOWN**    **BHG = BHHS GRADUATE (2BHG/TEAM)**

Player Name	Address	Phone	Eligibility Code	Signature/Acknowledgment	Date