



WAIVER AND RELEASE OF ALL CLAIMS

CO-ED SOFTBALL TEAM ROSTER

PLEASE READ THIS FORM CAREFULLY AND BE AWARE IN SIGNING UP AND PARTICIPATING IN THIS PROGRAM YOU WILL BE WAIVING AND RELEASING ALL CLAIMS FOR INJURIES YOU MIGHT SUSTAIN ARISING OUT OF THIS PROGRAM.

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with such program. I agree to waive and relinquish all claims I may have as a result of participating in the program against the Park District and its officers, agents, servants and employees. I do hereby fully release and discharge the Park District and its 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 participation in the program. I further agree to indemnify and hold harmless and defend the Park District and its officers agents, servants, and employees from any and all claims from injuries, including death, damages and losses sustained by me or arising out of, connected with, or in any way associated with the activities of the program.

I have read and fully understand the above program details and Waiver of Release of All Claims.

TEAM NAME: _____

TEAM CAPTAIN: _____

#	Name	Address		Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				