

**CAROL STREAM PARK DISTRICT
FALL HIGH SCHOOL SOFTBALL
2020 TEAM ROSTER**

Team Name _____ Organization _____

Manager Name _____ Cell Phone _____

Address _____ City _____ Zip _____

Please read this form carefully and be aware that in signing this roster, you will be waiving and releasing all claims that you may sustain arising out of the above program.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program and I agree to assume the full risk of any such injuries, damages or loss regardless of severity, which I may sustain as a result of participating in any activities connected or associated with any such program. I waive and relinquish all claims I may have against the Carol Stream Park District and its officers, agents, servants and employees as a result in participating in the above program. I hereby fully release and discharge the Carol Stream Park District and its agents, officers, servants and employees from any and all claims from injuries, damages or loss which I may have or which may accrue me on account of my participation in the above 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 resulting from injuries, damages and losses sustained by me , and arising out, connected with, or in any way associated with the activity of any program(s). I understand that I may be photographed or videotaped while participating in the above program. I give permission for photos and videotape of me to be used to promote the Park District and that such photos and video will be the property of the Carol Stream Park District.

I have read and fully understand the above waiver and release of all claims:

| | Name | Address | Birth Date | Jersey Number | Parent/Guardian Signature |
|----|-------------|----------------|-------------------|----------------------|----------------------------------|
| 1 | _____ | _____ | _____ | _____ | _____ |
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