



ADULT CORNHOLE LEAGUE TEAM ROSTER

Team Information

Team name: _____ Team captain: _____

Email: _____ Phone: _____

Address: _____ City/State/Zip: _____

Team Roster

Each participant **must** sign the team roster indicating they agree to the *Waiver & Release* listed below to be eligible to participate.

Last name	First name	Birthdate	Signature
1.			
2.			
3.			
4.			
5.			
6.			

WAIVER & RELEASE: I do hereby certify that I am physically fit to compete in the program and do assume all risks and hazards incidental to the conduct of this activity. I do hereby release, absolve, indemnify, and hold harmless the organizers, supervisors, employees, volunteers, and officers of Sisters Park & Recreation District, any and all of them. I do hereby waiver all claims and demands for damage, losses, injuries, or expenses sustained as a result of participating in this program.