City of Palo Alto

ADULT SOFTBALL ROSTER

TEAM NAME: _____

WAIVER (Each team member must read the following and then print and sign their name on the roster below.)

In consideration of participation in the Adult Softball League offered by the City of Palo Alto, I, the below signed, hereby indemnify and hold harmless and release the City of Palo Alto, its agents, its employees, and volunteers working for the City from any and all liability for injury suffered by myself arising from or connected with this program. I am aware that this activity is potentially dangerous and am voluntarily participating in this activity with knowledge of the risks involved, both expected and unexpected, and hereby agree to accept any and all risks of loss or injury. I have read and agree to the registration and program policies. I am 18 years or over, and I desire to participate in the Adult Softball League. By my signature below, I acknowledge that I have read this document and understand its contents. I am aware that this is a release of liability, hold harmless agreement and that it is a legally binging contract between the City of Palo Alto and me. I further understand that this release is binding on my heirs or anyone making a claim. I sign of my own free will.

NAME (Please print or type clearly)	SIGNATURE	RES. Y/N	ADDRESS	PHONE	RETURN PLAYER	LAST YEARS TEAM NAME
1. Mgr.						
2. Asst.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						

City of Palo Alto ▪ 4000 Middlefield Road, T-2 ▪ Palo Alto, CA 94303 ▪ (650) 329-2464 ▪ Fax: (650) 856-8756 Melissa.Murray@cityofpaloalto.org

"ENGAGE, CREATE, ENJOY!"

NAME (Please print or type clearly)	SIGNATURE	RES. Y/N	ADDRESS	PHONE	RETURN PLAYER	LAST YEARS TEAM NAME
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						