

League: _____ Head Coach: _____ Cell # _____

Fall 2019



DATE: _____

PLEASE PRINT LEGIBLY

TEAM ROSTER

Parks & Recreation 817-645-0949

Team Name	I hereby certify that I have read and understood and by this signature signify my agreement with the terms of the player contract and Waiver and Release of Liability.
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	Team Roster (First & Last Name)	Phone#	Address/City/Zip		DL #	Signature (required)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

1. I hereby agree to play with the team specified on this team roster and understand there is no employment relationship as a recreational activity during the season of 2019.

2. I further agree to abide by the rules and regulations of the City of Cleburne Parks & Recreation Division and agree that my right to participate with the athletics department is subject to such rules and regulations.

3. BY MY SIGNATURE AND IN CONSIDERATION OF SPONSORING OR PARTICIPATING ON THIS TEAM, I CONVENANT AND AGREE AS A TEAM MEMBER AND/OR THE SPONSOR'S AUTHORIZED REPRESENTATIVE TO RELEASE, TO INDEMNIFY, TO DEFEND AND TO HOLD HARMLESS THE CITY OF CLEBURNE AND ALL OF ITS OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS, IN BOTH PUBLIC AND PRIVATE AND PUBLIC CAPACITIES, FROM ANY AND ALL LIABILITY, CLAIMS, SUITS, LITIGATION EXPENSES, DAMAGES OR CAUSES OF ACTION, WHICH MAY ARISE BY REASON OR PERSONAL INJURY TO ME OR ANY OTHER PERSON OR DAMAGE TO OR LOSS OF USE OF ANY PERSON'S PROPERTY, RESULTING FROM SPONSORING OR PARTICIPATING ON THIS TEAM. MY EXPRESS INTENTION IS THAT SUCH RELEASE AND INDEMNITY WILL APPLY TO ANY CLAIM, SUIT, DAMAGES OR LIABILITY WHATSOEVER ARISING IN WHOLE OR IN PART FROM MY NEGLIGENCE, WHETHER THE NEGLIGENCE IS SOLE NEGLIGENCE, COMPARATIVE NEGLIGENCE, OR ANY OTHER FORM OF NEGLIGENCE FOR THE ABOVE CONSIDERATION. I CONTRACT TO WAIVE ANY AND ALL CLAIMS WHICH MAY RESULT FROM SPONSORING OR PARTICIPATING ON THIS TEAM AND TO ASSUME ALL RISKS OF SPONSORSHIP AND/OR PARTICIPATION. I HEREBY RELEASE, WAIVE AND DISCHARGE THE CITY OF CLEBURNE FROM ALL LIABILITY TO MY HEIRS, EXECUTORS, ADMINISTRATORS AND ASSIGNEES FOR ALL LOSS OR DAMAGE AND ANY CLAIMS OR DEMANDS FOR SUCH LOSS OR DAMAGE ON ACCOUNT OF INJURY OR PERSON OR PROPERTY.

4. Photo Release: Smile you may be captured by our camera. The Parks & Recreation Division routinely takes photos and video of participants and visitors in our programs and facilities for promotional purposes. Please be aware that by participating or utilizing our facility, you are granting the City of Cleburne and its agents the right to use and publish your image or your minor children's image, and that no monetary remuneration will be given.

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TEAM ROSTER – page2

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