



Team Name: _____ Manager's Name: _____

Manager's Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Player Affidavit: Each Player Must Read The Following Statement And Sign Below Before They Can Participate

I understand that by signing this roster I am under contract to play for the above named team. I certify that the below information is correct, and I am aware that I cannot play on another adult team within the same league in the Selma Parks & Recreation Fall Co-ed Volleyball League for the current season until properly released. I agree to abide by all rules and by-laws as set forth by the Selma Parks & Recreation Department. Furthermore, I acknowledge that I have read and that I understand each and every one of the provisions of the Waiver, Release of Liability and Indemnification Agreement listed on the back, and agree to abide by them. Additionally, I understand that Alcoholic Beverages and Weapons are not permitted on

Waiver, Release of Liability and Indemnification Agreement

I, the undersigned player, acknowledge, agree and understand that:

1. Voluntarily and of my own free will I elect to participate as a member of the team indicated on this roster in the Town of Selma Fall Co-ed Volleyball League.
2. I understand that there are certain risks and hazards involved in participating in sports that may result in injury or death to me or other players, including but not limited to those hazards associated with weather, field/facility conditions, equipment, and other participants.
3. I understand that the very nature of athletic events is hazardous or risky, including, but not limited to the acts of pitching, throwing, fielding and catching the ball, the swinging of the bat, running, jumping, stretching, sliding, diving and collisions with other players or stationary objects, all of which can cause serious injury or death to me and to other players.

Furthermore, I, the undersigned player, agree that in consideration for the right to play as a member of the team designated on this roster and in consideration for permission to play at the facility arranged for by the team or league:

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by players on my team, and while on or upon the premises of any and all of the facilities arranged for by my team or league for practice or play.
2. I release, discharge and agree not to sue the team designated on this roster, the Town of Selma, the field owner, or their owners, officers, agents, servants, associations, employees or any person or entity connected with the team, league or facility for any claim, damages, costs or cause of action which I have or may have in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

Photography Waiver: I grant the Town of Selma permission to use, for any legitimate reason, any photographs, motion picture or recording of my participation in this activity

	Player's Name	Email	Legal Address <small>(Street address, City, State, and Zip Code)</small>	Phone Number	Player's Signature	Date	
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I certify that I have investigated the information given above and found it to be correct to the best of my knowledge. In addition, I am aware that it is my responsibility to inform my players of all the rules and regulations of the Selma Parks and Recreation Fall Co-ed Volleyball League.

Manager's Signature: _____ Date: _____



Team Name: _____

Name of Minor: _____ Minor Date of Birth: _____

Photography Waiver: I grant the Town permission to use, for any legitimate reason, any photographs, motion picture or recording of my participation in this activity.

Release and Indemnity Agreement: I understand that participating in the recreational program selected involves risk of injury. These risks include inclement weather, accidents while traveling, equipment problems or failures, contacts with actions of other participants, slips/trips/falls, and musculoskeletal injuries, among others. I choose for myself or for my child to participate in the selected programs despite the risks. By signing this form, I acknowledge all risks of injury, illness and death and affirm that I have assumed all responsibility of injury, illness or death in any way connected with participation in the program.

I also agree for myself and for any child participant to follow all rules and procedures for the program and to follow reasonable instructions of the teachers and supervisors of the program.

In return for the opportunity to participate in this program, I agree for myself and for my heirs, assigns, executors and administrators to release, waive and discharge any legal rights I may have to seek payment or relief of any kind from the Town, its employees or its agents for injury, illness or death resulting from this program. If I am registering a child for a program, I agree that I am a parent, legal guardian, or am otherwise responsible for the child whose application I am submitting and that I release, waive, and discharge any legal rights that I may request on behalf of the child participation in the program. I also agree not to sue the Town, its employees or its agents and agree to indemnify the Town for all claims, damages, losses, or expenses, including attorney's fees, if a suit is filed concerning an injury, illness or death to me or my child resulting from participation in the program.

Parent/Guardian Signature

Date

Print Parent/Guardian Name