

2016 MEN'S SOFTBALL LEAGUE
Tazewell Recreation Department
REGISTRATION

Team Name: _____

Team Captain: _____

Address: _____

Telephone: (Home) _____ (Work) _____

League Roster

	PLAYER'S NAME (Type or Print Name)	SOCIAL SECURITY # OR BIRTHDATE
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WAIVER AND RELEASE OF LIABILITY

The risk of injury from the activities involved in this program is significant, including the potential for paralysis or death, and while particular rules, equipment, and personal discipline may reduce this risk, the rise of serious injury does exist. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM NEGLIGENCE OF THE RELEASERS or others, and assume full responsibility for my participation.

I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such attention of the nearest official immediately.

I, for myself and on behalf of my heirs, assigns, personal representative and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releases from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM NEGLIGENCE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY AND UNDERSTAND ITS TERMS, I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PLAYER'S SIGNATURE			
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