CITY OF NEW ROCHELLE DEPARTMENT OF RECREATION

TEAM ROSTER / WAIVER FORM

SEASON: ADULT SOFTBALL SPRING/SUMMER 2019

**** ROSTER MUST BE FILLED OUT FOR 1ST GAME ****

Can make roster additions up until JUNE 1ST – unless injury (speak to Supervisor)

TEAM NAME:	
LEAGUE / DIVISION:	
MANAGER:	

By signing your name below you agree to the following RELEASE OF LIABILITY:

WITNESSETH: In consideration of the Participant being allowed by the City to participate in the City's Adult Softball "Program", the Participant does hereby agree as follows:

1. The Participant, does hereby release and discharge and agree to hold harmless the City of New Rochelle, and its, officers, employees, agents and volunteers ("the Sponsor") individually and collectively of and any and all liability, actions, claims, demands and responsibility whatsoever in law and in equity, arising out or in consequence of Participant participating in the Program, or being a passenger in a vehicle provided by the Sponsor in conjunction with Program – including specifically but without limitation injury and/or death – unless the same is caused by the gross negligence or willful misconduct of the Sponsor.

2. The Participant specifically acknowledges the potential of risk and injury involved in participation in the Program and does hereby assume said risk and authorizes the City or its representatives to arrange emergency medical treatment for the Participant should the same be necessary during the course of the Program. The Participant shall be responsible for the cost of said emergency treatment.

3. It is understood and agreed that the City of New Rochelle shall not be required to maintain medical or hospitalization insurance coverage with respect to the Program and those who participate in the Program.

PLAYER: PRINT*	ADDRESS:	SIGNATURE:	DATE:
PLAYER:	**ADDRESS:**	**SIGNATURE:**	**DATE:**