

RUSSELLVILLE PARKS DEPARTMENT ADULT SOFTBALL LEAGUE WAIVER ROSTER

Team Name	Manager	Phone	
Print Player's Name	Player's Signature (Parent must sign if player is 16 or 17)	Date of Birth	Phone(s)
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MY SIGNATURE INDICATES THAT I HAVE READ AND UNDERSTAND THE INFORMATION CONTAINED BELOW. I am a member of the above named team and, as a participant, will abide by all the rules, regulations and policies set forth by the City of Russellville Recreation and Parks Department, I understand participation in athletic activities may have an element of hazard or inherent danger, and I take full responsibility for my actions and physical condition. I hereby for myself, my heirs, executors and administrators agree to indemnify and hold the City of Russellville Recreation and Park Department and its employees, representatives, successors and assigns harmless from any liability, loss, cost or expense (including attorney's fees, medical and ambulance costs) that may occur while participating. In case of emergency, I give my permission for emergency medical treatment. This form shall be considered valid until canceled or changed in writing by the undersigned participant/parent/guardian. **THIS WAIVER MUST BE SIGNED BY EVERY PLAYER ON THE TEAM (OR THEIR PARENT/GUARDIAN). COMPLETE FORM WITH ALL SIGNATURES AND INFO MUST BE SUBMITTED AT THE TIME OF REGISTRATION.**

Coach's Signature Verifying AUTHENTICITY of Signatures: _____ **Date:** _____

For Office Use Only **Date Received by Office:** _____ **Number of Players on Roster:** _____