

## ADULT ATHLETIC ROSTER

TEAM NAME \_\_\_\_\_

CAPTAIN \_\_\_\_\_ HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

### PLEASE READ THE FOLLOWING INFORMATION BEFORE SIGNING

*The GENEVA PARK DISTRICT is committed to conducting its recreation programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents, registering their child in recreation programs, must recognize; however, that there is an inherent risk of injury when choosing to participate in recreational activities. The GENEVA PARK DISTRICT continually strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety. Please recognize the GENEVA PARK DISTRICT does not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves or a family member for a recreation program should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the GENEVA PARK DISTRICT automatically responsible for the payment of medical expenses.*

*Due to difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the District requires the execution of the following Waiver and Release. Your cooperation in filling out the reverse is greatly appreciated.*

### WAIVER AND RELEASE OF ALL CLAIMS

*Please read this form carefully and be aware in signing up and participating in this program you will be waiving and releasing all claims for injuries you might sustain arising out of this program.*

PROGRAM: Adult Softball PROGRAM DATES: May - August 2010

*As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, (including death), damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such programs.*

*I agree to waive and relinquish all claims I may have as a result of participating in the program against the District and its officers, agents, servants and employees.*

*I do hereby fully release and discharge the District and its officers, agents, servants, and employees from any and all claims from injuries, (including death), damage or loss which I may have or which may accrue to me on account of participation in the program.*

*I further agree to indemnify and hold harmless and defend the District and its officers, agents, servants and employees from any and all claims resulting from injuries, (including death), damages and losses sustained by me or arising out of or connected with, ore in any way associated with the activities of the program.*

*In the event of any emergency, I authorize District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered.*

*I have read and fully understand the above Program Details, Waiver and Release of All claims and Permission to Secure Treatment. By completing the reverse side and signing my name, I agree to all terms described above.*

(over)

PLEASE PRINT AND INCLUDE ZIP CODE

PLAYER'S NAME	ADDRESS	CITY	ZIP	PHONE	SIGNATURE
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____
14.	_____	_____	_____	_____	_____
15.	_____	_____	_____	_____	_____
16.	_____	_____	_____	_____	_____
17.	_____	_____	_____	_____	_____
18.	_____	_____	_____	_____	_____
19.	_____	_____	_____	_____	_____
20.	_____	_____	_____	_____	_____

This roster must be completed and turned into the Attendant by the first playing date.  
It can be altered up until the 3<sup>rd</sup> playing date.

QUESTIONS, CALL MIKE AT 630-262-2212 or [mcontreras@genevaparks.com](mailto:mcontreras@genevaparks.com).