

**WILLMAR RECREATION DEPARTMENT LEAGUE ROSTER SHEET AND WAIVER FORM**

City of Willmar  
 Parks & Recreation  
 2707 Arena Dr.  
 Willmar, MN 56201  
 320-235-1454



SPORT: \_\_\_\_\_  
 DIVISION: \_\_\_\_\_  
 SEASON: \_\_\_\_\_

**Team Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Captain/Manager:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**WAIVER AGREEMENT:** In consideration for being permitted to participate in the Willmar Recreation Department programs. I hereby agree and acknowledge, for myself, my heirs and personal representatives, that I release the City of Willmar, employees, agents and volunteers from all claims or demands resulting from any and all injuries sustained while participating in such programs or attending games, practices or events provided by the Willmar Recreation Department. I agree that I will abide by all rules and regulations established by the Recreation Department. I acknowledge that there are certain risks, including risks of personal injury, associated with this and other programs and activities of the Willmar Recreation Department and I voluntarily assume all such risks for myself and my child or children. I understand that by signing this form, I am releasing and holding harmless the City of Willmar from all damages, claims and causes of action, whether for personal injury or damage to property or loss of property that may be sustained or incurred while participating in such programs. I do hereby give permission to the City of Willmar, their employees and agents to use photographic images/video film of myself/my child or children for promotional and informational items produced by said City.

| Player Name | Player Signature | Date | City, State | Phone Number |
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I hereby certify that the above information is correct to the best of my knowledge.

Team Manager's Signature: \_\_\_\_\_