

PLEASE PRINT OR TYPE LEGIBLY (form must be completed before it can be accepted) || Roster is DUE by Manager's Meeting

ADULT SOFTBALL TEAM ROSTER	TEAM NAME:	SEASON
TEAM MANAGER:	ASST. MGR:	

RELEASE & WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

FOR GOOD AND VALUABLE CONSIDERATION, including permission to participate in Adult Softball League and related activities. I, for successor, my heir, assigns, executors, administrators; and myself

1. Agree that prior to participating I will inspect the facilities, equipment and areas to be used, and if I believe any of them are unsafe, I will immediately advise the person supervising the event, activity, facility, or area.
2. Acknowledge that I fully understand that my participation may involve risk of serious injury or death, including economic losses which may result not only from my own actions, in-actions, or negligence, but also from the actions, in-actions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, the rules of play, or the type of event or activity.
3. Assume any and all risks of personal injuries to myself, including medical or hospital bills, permanent or partial disability, death and damage to my property, caused by or arising from my participation in this event or activity.
4. Covenant not to sue or present any claim for personal injury, property damage, or wrongful death against Recreation Services ("Permittee/Sponsor"), the City of Oxnard, California, agents or employees, and agents attributable to my participation in the event or activity.
5. Release, waive, discharge and relinquish Recreation Services ("Permittee/Sponsor"), the City of Oxnard, California, officers, employees, and agents from any liability, loss, damage, claim, demand or cause of action against them arising from or attributable to my participation in the event or activity, whether same shall arise by their negligence or otherwise.
6. Agree that photographs, pictures, slides, movies, or videos of me may be taken in connection with my participation in this event or activity without compensation from the City of Oxnard, California, Permittee/Sponsor and consent to the use of these photographs, pictures, slides, movies, or videos for any legal purpose.
7. Warrant that I am in good health and have no physical condition that would prevent me from participation in these event or activity.
8. Acknowledge that the City of Oxnard, California and Permittee/Sponsor are not joint sponsors, joint venturers, partners, or otherwise jointly engaged in the above-named event or activity.

Player First Name	Last Name	Street Address	City	Zip Code
1	First Name Last Name	Street Address Date:	City	Zip
		Phone Number:		
2	First Name Last Name	Street Address Date:	City	Zip
		Phone Number:		
3	First Name Last Name	Street Address Date:	City	Zip
		Phone Number:		
4	First Name Last Name	Street Address Date:	City	Zip
		Phone Number:		

5	First Name:	Last Name:	Street Address:	City:	Zip:
	Signature:		Date:	Phone Number:	
6	First Name:	Last Name:	Street Address:	City:	Zip:
	Signature:		Date:	Phone Number:	
7	First Name:	Last Name:	Street Address:	City:	Zip:
	Signature:		Date:	Phone Number:	
8	First Name:	Last Name:	Street Address:	City:	Zip:
	Signature:		Date:	Phone Number:	
9	First Name:	Last Name:	Street Address:	City:	Zip:
	Signature:		Date:	Phone Number:	
10	First Name:	Last Name:	Street Address:	City:	Zip:
	Signature:		Date:	Phone Number:	
11	First Name:	Last Name:	Street Address:	City:	Zip:
	Signature:		Date:	Phone Number:	
12	First Name:	Last Name:	Street Address:	City:	Zip:
	Signature:		Date:	Phone Number:	
13	First Name:	Last Name:	Street Address:	City:	Zip:
	Signature:		Date:	Phone Number:	
14	First Name:	Last Name:	Street Address:	City:	Zip:
	Signature:		Date:	Phone Number:	
15	First Name:	Last Name:	Street Address:	City:	Zip:
	Signature:		Date:	Phone Number:	
16	First Name:	Last Name:	Street Address:	City:	Zip:
	Signature:		Date:	Phone Number:	
17	First Name:	Last Name:	Street Address:	City:	Zip:
	Signature:		Date:	Phone Number:	

18	First Name	Last Name	Street Address	City	Zip
	Signature:		Date:	Phone Number:	
19	First Name	Last Name	Street Address	City	Zip
	Signature:		Date:	Phone Number:	
20	First Name	Last Name	Street Address	City	Zip
	Signature:		Date:	Phone Number:	

PLAYOFF ELIGIBILITY:
3-Game Rule: Players must participate in at least THREE regular season games and added to the roster by the week-four deadline to qualify for playoff play. No exceptions will be made.

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