Player Name (Print Legibly)			Address		Signature	Day Phone F		F/M/NB	
1	, ,								
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12	2								
13									
14									
15									
16									
	I CERTIFY THAT I REPRESENT	THIS TEAM A	AND THAT ALL PERSON	NS READ THIS AGE	REEMENT AND PERSO	NALLY SI	GNED THIS IN	I MY PRESEN	ICE.
Manager's Name		Address		City	Zip Code	Da	y Phone	Alternate Phone #	
Alternate's Name			Address	City	Zip Code	Da	y Phone	Alternate Phone #	
Mana	ager's E-MAIL Address:			l					
TEAM NAME			NIGHT (Circle)		LEAGUE (Circ	ele)	To be completed by Complex Staff		
							Recei	ved by & Da	te
			Su M T \	Men Coed Wo	men				

**SEASON** 

SACRAMENTO SOFTBALL COMPLEX ROSTER/LIABILITY WAIVER

BY SIGNING ABOVE, I HAVE READ THE ADULT SPORTS LIABILITY WAIVER & GENERAL RELEASE - SOFTBALL AND AGREE TO ITS TERMS AS A MEMBER OF THIS TEAM (LIABILITY WAIVER AND RELEASE ON BACK)



## CITY OF SACRAMENTO DEPARTMENT OF PARKS AND RECREATION SACRAMENTO SOFTBALL COMPLEX

## ADULT SPORTS LIABILITY WAIVER AND GENERAL RELEASE - SOFTBALL

BECAUSE SOFTBALL IS AN INHERENTLY DANGEROUS RECREATIONAL ACTIVITY, THE CITY OF SACRAMENTO REQUIRES EACH PARTICIPANT TO ASSUME ALL RISKS OF INJURY AND RELEASE THE CITY, COUNTY, THE GREATER SACRAMENTO SOFTBALL ASSOCIATION, AND THE AMATEUR SOFTBALL ASSOCIATION OF AMERICA FROM ANY LIABILITY AS A CONDITION OF BEING PERMITTED TO PLAY ON THIS TEAM.

In consideration of being permitted to play softball at the facilities of the City of Sacramento (City) and County of Sacramento (County), I hereby voluntarily release, discharge, waive, relinquish and hold harmless (collectively "Release") any and all claims or actions for damages for personal injury, death, or property damage (the "Risks") which I may suffer as a result of my participation in softball activities, even if the Risks were caused by the actions or inactions of the City, County, Greater Sacramento Softball Association (GSSA), USA Softball Sacramento, and the referees, coaches or any other participant. This Release is intended to discharge, in advance, the City including their officers, employees, contractors, agents and volunteers (collectively "City"), County, GSSA and USA Softball Sacramento from any and all liability arising out of, or in any way connected with, my participation in softball activities, even though the liability may arise out of the negligence, carelessness or the improper action or failure to act on the part of the City, County, GSSA or USA Softball Sacramento, but excluding willful misconduct.

I understand that softball is an inherently dangerous recreational activity and serious accidents can occur causing participants to sustain serious personal injuries, death and property damage. Knowing the Risks and in consideration of being permitted to participate on this softball team, I hereby agree to assume those Risks and to Release and promise not to sue the City, County, GSSA and USA Softball Sacramento as evidenced by my signature on the team roster. I further understand and agree that this Release is to be binding on my spouse, partner, children, family, heirs, executors, administrators and assigns.

I understand that I am giving up substantial rights by agreeing to this Liability Waiver and General Release and I accept its terms voluntarily. This Liability Waiver and General Release shall remain in effect until revoked in writing by submitting a statement to City of Sacramento Risk Manager, 915 I Street, 4<sup>th</sup> Floor, Sacramento CA 95814 and discontinuing my participation in softball activities at City or County facilities.