



City of Plano Parks & Recreation Kickball Roster Form

TEAM NAME: _____ NIGHT (CIRCLE): T W SEASON (CIRCLE): FALL SPRING SUMMER

All sections below must be completed by all players. Please e-mail your completed roster to adultsports@plano.gov before your second scheduled game. Any additional player(s) added to the roster after the roster form has been submitted must complete a player addition form and submit to the adult sports office.

	NAME (PRINT)	PLAYERS SIGNATURE FOR RELEASE	HOME ADDRESS (STREET & CITY)	LIVE, WORK OR WORSHIP IN PLANO?
1	Manager:			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as team member during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the fields arranged for by my team or league for practice or play.

2. I hereby waive, release, indemnify, defend and hold harmless the City of Plano and all of its officials, employees, officers and agents (both in their public and private capacities) from any and all liability, claims, suits, demands and causes of action (expressly including, but not limited to, all expenses of litigation and settlement) which are related to or arise by reason of (1) bodily injury, up to and including death, suffered by me or any other person or (2) loss of, loss of use of, or damage to any property, when such bodily injury or property loss arises out of, results from, or is occasioned by any act of error, omission or negligence by me or any other person (expressly including but not limited to all officials, employees, officers and agents of the City of Plano) when such act arises out of, results from, or is connected with my participation in the City of Plano Program(s) registered for herein.

3. I will, without limitation, assume and pay all medical and emergency expenses in the event of an accident, injury, illness, or other incapacity, regardless of whether I have authorized such expense.

4. I agree that City, its officials, employees, agents, and representatives have the authority to use pictures of me taken at any City of Plano event. The pictures may be taken and used without my knowledge or payment to me.