

Indianola Parks & Recreation Team Sport Waiver of Liability Roster Form

Team Name: _____

Manager: _____

League Division: _____
(i.e. A, B, 4v4, Coed, Mens, Church etc)

Contact Phone & Email: _____

I, the undersigned, have been advised that the City of Indianola does not provide medical insurance covering injuries to its participants, The City of Indianola will be responsible for injuries only if its agents are legally responsible for the injury.

As signed below: You acknowledge and will abide the City and League rules.

Printed Name

Signature & Date

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This must be presented to the Gym/Field Supervisor prior to your first game.

ALL PLAYERS MUST SIGN WAIVER PRIOR TO PLAYING IN INDIANOLA LEAGUE SPORTS!