	2025 Fall Softball Team Roster										
Tea	am Name:				League: (Circle One)	Men's - DRU DRL Coed - DRU DRL					
Team Captain:			Captain Signature			Nght Played (Circle One) - Mon Tues Wed Thurs Fri					
Pho	one Number:		Email:		1						
Ada	dress		!								
REI nui n	LEASE AND WAVE ANY CLAIM OF LIABILITY AGAINS RESULTS FROMTHE NEGLIGENCE OF THE CITY, ITS I merous risks associated with participation in the and death. These injuries may be caused by r reintenance and use. Some of the equipment us	THE CITY OF WESTM EMPLOYEES, AGENTS (e Activity, and I recog my action or inaction ted in the Activity me	TIY OR SPORT OFFERED BY THE CITY OF WESTMINSTER PAR NSTER, ITS EMPLOYEES, ACENTS AND REPRESENTATIVES, V OR REPRESENTATIVES, OR FROM SOME OTHER CAUSE. By s gnize that all recreational activities involve physical act (or my child's action or inaction), the action or inaction y inflict injuries even when used as intended. Many but ted. I further understand that I am legally responsible	VIHRESPECT TO ANY LOSS, DAMAGE, ILLN igning this waiver I agree to the release ivity and physical exertion. Whether dor of other participants or the instructor, or not all of these risks are inherent in this	ESS OR INURY OCCURRING: waiver and waive any clair ne individually or in groups, the conditions in which the s and other activities. Thes	TO M/SELF (OR MY CHLD) WHIEI (OR MY CHLD) PARTII mof liability against the City of Westminster as stated the Activity includes the risk of serious bodily injury e Activity takes place. Equipment used may break, fa e are some, but not all, of the risks inherent in the Ac	OPATEINTI-EACTIVITY, WEITER TI-ECLAI d in this section. I understand there are , including permanent disability, paralysi il or malfunction, despite reasonable ttivity, a complete listing of inherent and				
tl me	hat I amlegally responsible for my own (or my o dical emergencies, but that instructors may mis M/SELF (ANDMYCHLD). I BELIEVEM/SELF (OR M	childs) welfare and a gudge such circumsta MY CHLD) TO BEPHYSI OR ON BBHALF OF ME (ctions, including personal needs and medical expenses, ances, an individual's capabilities, the risks involved, or CALLY ABLE AND QUALIFIED TO PARTICIPATE INTITE ACTIVITY (OR MY CHLD) AS A RESULT OF ANY LOSS, DAMAGE, ILLNE are that I am aware that the rules and code of conduct are	Lunderstand that instructors use their the like. I ACKNOWLEDGE AND ASSUMETITY. I HENERY AGREETIO INDEMNIFY AND HOSS OR INJURY SUFFERED WHILE PARTICIPA	best judgment in determini HERISKS INVOLVEDINTHEA LDHARMLESS AND COVENAN IING INTHEACTIVITY. I HAVE	ng howto assess risk and skill level and howto reac CTIVITY ANDFOR ANY LOSS, DAMAGE, ILLNESS, INJURY (IT NOT TO SLETHECTTY OF WESTMINSTER, ITS EMPLOYE READ AND UNDERSTAND THE ABOVE AND AGREETO EE	t to a variety of circumstances including OR DEATHRESULTING FROM SUCHRISAS FO ES, ACENTS AND REPRESENTATIVES WITH				
	Players Name:	Phone:	Address	City	Zip Code	Players Signature	Tournament Rank if Applicable				
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Subs: Use this section only for players who are considered subs										
	Players Name:	Phone:	Address	City	Zip Code	Players Signature	Tournament Rank if Applicable			
1										
2										
3										
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