2025	Men's B	asketball T	'eam	R	0	st	er			
Team Name:		League: - Men's	Ni	ght P	layed	d: - V	Vedn	esday	/	
Team Captain:		Phone Number:								
Email:		Address:								
		ACTIVITY Waiver								
LIBRARIES DEPARTMENT (THE "ACTIVITY"). 1, ON BEHALF OF MYSELF (AND MY CHILD), IN CONSIDERATION FOR PARTICIPATION IN THE ACTIVITY, HERBY RELEASE AND WAIVE ANY CLAIM OF LIABILITY AGAINST THE CITY OF WESTMINSTER, ITS EMPLOYEES, AGENTS AND REPRESENTATIVES, WITH RESPECT TO ANY LOSS, DAMAGE, ILLNESS OR INJURY OCCURRING TO MYSELF (OR MY CHILD) WHILE I (OR MY CHILD) PARTICIPATE IN THE ACTIVITY, WHETHER THE CLAIM RESULTS FROM THE NEGLIGENCE OF THE CITY, ITS EMPLOYEES, AGENTS OR REPRESENTATIVES, OR FROM SOME OTHER CAUSE. I understand there are numerous risks associated with participation in the Activity, and I recognize that all recreational activities involve physical activity and physical exertion. Whether done individually or in groups, the Activity includes the risk of serious bodily injury, including permanent disability, paralysis and death. These injuries may be caused by my action or inaction (or my child's action or inaction), the action or inaction of other participants or the instructor, or the conditions in which the Activity takes place. Equipment used may break, fail or malfunction, despite reasonable maintenance and use. Some of the equipment used in the Activity may inflict injuries even when used as intended. Many but not all of these risks are inherent in this and other activities. These are some, but not all, of the risks inherent in the Activity; a complete listing of inherent and other risks is not possible. There are also risks that cannot be anticipated. I further understand that I am legally responsible for my (or my child's) welfare and actions, including personal needs and medical expenses. I understand that I (or my child) cause; and that I am legally responsible for my own (or my child's) welfare and actions, including personal needs and medical expenses. I understand that instructors use their best judgment in determining how to assess risk and skill level and how to react to a variety of circumstances including medical emergencies, but that instructors may misjudge such indetermining how to										
	All players must sig	n the roster before participating	in our league	s						
				(ames	Ray	ed (st	aff us	e only)
Players Name:	Phone #	Players Signature	2	9/24	10/1	10/8	10/15	10/22	10/29	11/5
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