

# CITY OF HOLLISTER RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

## 2023 HOLLISTER RECREATION MEN'S, WOMEN, MEN 40 & OVER WINTER BASKETBALL PROGRAM

Team Name	Manager's Name	Address (Street, City, Zip)	Home Phone Number	Work Phone Number	E-Mail Address
Assistant Manager's Name		Address (Street, City, Zip)	Home Phone Number	Work Phone Number	E-Mail Address

I, the undersigned participant, acknowledge, agree, and understand that: Voluntarily and of my own free will, I elect to participate as a member of the program indicated ABOVE. I understand that there are certain risks and hazards involved in participating in basketball that may result in injury or death to me or other players, including, but not limited to those hazards associated with playing conditions, equipment, and other participants. Further, I, the undersigned participant, agree that in consideration for the right to play as a member of the program designated below and in consideration for permission to play on the facility arranged for by the coordinator or team:

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

I, the undersigned, do hereby agree to allow said individual to participate in the aforementioned activity, and in consideration for participating in this activity, and to the maximum extent authorized by law, I agree to hold harmless, and release the City of Hollister, its agents, and employees, from any and all liability for any injury, howsoever caused, which may be suffered by the undersigned, arising out of or in any way connected with participation in this activity. I HAVE READ THE ABOVE APPLICATION AND AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR ANY INJURIES RECEIVED.

PRINT OR TYPE PLAYER'S NAME	PLAYER'S SIGNATURE	DATE	BONAFIDE RESIDENCE (Street, City, Zip)	DATE OF BIRTH	HOME PHONE NUMBER	WORK PHONE NUMBER	MANAGER'S RELEASE (SIGNATURE) (fill out only if releasing player)	OFFICE USE ONLY (ADDRESS VERIFICATION)
Ex. Stephen Curry	<i>Stephen Curry</i>	11/05/2022	300 West Street; Hollister 95023	1/17/82	636-4390	673-6284		
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2.								
3.								
4.								
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11.								
12.								

**Please Note: Rosters are limited to twelve (12) players**