



# ADULT SPORT TEAM ROSTER

OFFICE USE ONLY:  
 Date Paid \_\_\_\_\_  
 Cash/Check \_\_\_\_\_  
 Receipt # \_\_\_\_\_

League \_\_\_\_\_ Adult Coed Softball  
Please specify Spring or Summer and Men's A, B, C, Coed, Women's

Team Name \_\_\_\_\_ Email \_\_\_\_\_

Captain \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

- **Each participant must complete and sign a Waiver**
- **Age Limits: Men's A and B Leagues 18+; Men's C, Coed and Women's Leagues 16+**
- **Teams will not be placed on a schedule unless ALL Waivers, Roster and Fee are turned in at the Recreation Department, 2060 McHenry Avenue, Escalon, CA 95320**

Participant's Name	Age	Home Phone	Work Phone	Waiver Attached ✓
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

**Captains:** As Captain of this team, I certify that all the above information is true and correct and that each participant has been advised of the rules and regulations and has signed a waiver. By my signature I further understand that any participant listed above giving incorrect information shall be declared ineligible and shall cause my team to forfeit every game played to date.

Captain's Signature \_\_\_\_\_ Date \_\_\_\_\_



**City of Escalon  
WAIVER & RELEASE OF LIABILITY**

**Name of Sport or Program:** \_\_\_\_\_

**Participant Information:**

\_\_\_\_\_  
Last Name First Name MI

\_\_\_\_\_  
Mailing Address City Zip

\_\_\_\_\_  
Phone Email Age Shirt Size

Emergency Contact Name & Phone \_\_\_\_\_

**AGREEMENT, WAIVER AND RELEASE**

I understand the risks involved by participating in the above activity for which I/we are registering, and in consideration for being permitted by the City of Escalon to participate in the above activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the City of Escalon (its officers, and/or officials, employees, volunteers and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the City, unless caused by the sole negligence of the City. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the City free and harmless from any loss, liability, damage, cost, or expense which it may incur as the result of my death or injury or property damage that I may sustain while participating in said activity.

**PARENTAL CONSENT:** (MUST be completed and signed by parent/guardian if applicant is under 18 years of age). I hereby consent that my son/daughter participate in the above activity and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which may incur as a result of the death or injury or property damage that said minor may sustain while participating in said activity.

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF ESCALON.**

\_\_\_\_\_  
Signature (if minor, parent or legal guardian)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date