Circle One:

SPRING

City of Hurst Recreation Division Official Adult Softball Team Roster Form SUMMER FALL

Year	Division/Field	Night	Team Name			
Manager Name:Manager Address:			C/S/Z:			
Home Phone:	Cell Phone:	Email:	BASE Color of Uniform			
Player's Name (Please print) (if under 18, please print parent's name also)	Player's Signature Release/indemnification below (if Under 18, parent signature required)	Player's Address (Street, City, & Zip)	Date of Birth	Phone	Date	
1.						
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15.						
And acknowledge the risk of physical In activities related to the program of I DO FULLY RELEASE, INDEMNIFY DESIGN, INSPECT, OR MAINTAIN FOR ANY ACTS OF THIRD PARTIES. The City does no provide any medic	cal or other insurance protection or benefits for the CEPT ALL RESPONSIBILITY FOR INJURIES V	injuries, including death or damages, that may LOYEES AND OFFICERS FROM THEIR OWN TIVITIES TO BE ENGAGED IN OR EQUIPMENT those who use the recreation equipment or engage	result from any in NEGLIGENCE FONT TO BE USED	njury sustained while pa OR FAILURE TO PROP BY THE ABOVE SIGN	erticipating PERLY	
Name of Church Pastor, Minister or F Church	Priest certifying church membership	Signature of Church Pastor, Minist Address_	er or Priest cert	ifying church membe	rship	

Player's Name (Please print) (if under 18, please print parent's name also)	Player's Signature Release/indemnification below (if Under 18, parent signature required)	Player's Address (Street, City, & Zip)	Date of Birth	Phone	Date
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RELEASE OF LIABILITY		-	·		

For the valuable consideration of being allowed to participate in the City of Hurst Parks and Recreation Department's program or use the City's facilities or equipment, I recognize And acknowledge the risk of physical injury and agree to assume the full risk of any injuries, including death or damages, that may result from any injury sustained while participating In activities related to the program or from using the City's facilities or equipment.

I DO FULLY RELEASE, INDEMNIFY, AND HOLD HARMLESS, THE CITY, ITS EMPLOYEES AND OFFICERS FROM THEIR OWN NEGLIGENCE FOR FAILURE TO PROPERLY DESIGN, INSPECT, OR MAINTAIN THE EQUIPMENT, OR SUPERVISE THE ACTIVITIES TO BE ENGAGED IN OR EQUIPMENT TO BE USED BY THE ABOVE SIGNED AND FOR ANY ACTS OF THIRD PARTIES.

The City does no provide any medical or other insurance protection or benefits for those who use the recreation equipment or engage in activities on City premises. BY SIGNING THIS RELEASE, I ACCEPT ALL RESPONSIBILITY FOR INJURIES WHICH MAY BE INCURRED.

CHURCH PLAYER'S AGREEMENT					
Name of Church Pastor, Minister or Priest certifying church membership Church	Signature of Church Pastor, Minister or Priest certifying church membership Address_				