



City of Bloomington Parks and Recreation Department Voluntary Waiver of Liability for Adult Athletic Programs

Team:		Sport:		Year:	
Manager:		Day(s) of Play:		Level of Play:	

Participation in the adult athletic programs through the Bloomington Parks and Recreation department requires all players to read and sign this Voluntary Waiver of Liability (“Waiver”).

- My participation in the Activity is completely voluntary and I acknowledge that the Activity is not an essential service of the City of Bloomington (“City”).
- I understand that my voluntary participation in the Activity carries certain risks, including but not limited to physical injury, death, illness, disease, or damage to myself or my property, or to other persons and their property.
- In consideration for my participation in the Activity, I personally assume all risks in connection with this Activity and agree to hold the City, its officials, employees, agents, contractors, and volunteers harmless and expressly waive the right to make any claims or lawsuits against the City, its officials, employees, agents, contractors, and volunteers, for any injuries or damages related to the alleged negligence of the City.
- I understand that entering into and signing this Waiver affects my legal rights and results in my giving up or waiving certain rights and I accept this and sign this agreement of my own free will.
- The terms of this Waiver shall bind the members of my family, if I am alive, and my heirs, assigns, and personal representatives if I am deceased.
- My signature indicates that I have read this entire document, understand it completely, acknowledge that it cannot be modified or changed in any way by oral representations, and agree to be bound by its terms.

Release Agreement

City of Bloomington takes pictures, slides and videos of participants enjoying the activities for use in marketing and promotion of the programs. If grant the City, its representatives, and employees the right to take, use, and publish photographs of me with or without my name for any lawful purpose. If I do not grant permission, I will send a letter to the City of Bloomington Parks and Recreation Department expressing my wishes.

Data Privacy Act/Tennessen Warning

According to the Minnesota Data Privacy Act, some of the information you provide on this form may be classified as private data. Private data is available to you but not the public. If you do not provide this data, you are not eligible to participate in the City of Bloomington Adult Recreational Activities. The data may be released to the Minnesota Sports Federation, the United States Specialty Sports Association, USA Softball, the Minnesota Recreation and Parks Association, the City of Bloomington’s contracted sports officiating services provider, and City Bloomington staff for the purpose of administering the league.

-OVER-



ROSTER LIMITS: Basketball – 15 | Volleyball – 12 | Softball – 20 | Kickball – 20 | Tennis/Pickleball– 4

DO NOT EXCEED YOUR LEAGUE LIMIT

	Players Name (Printed)	Email	Phone	Birth Date	Signature
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

- All player information must be filled in completely.
- Typed names in the Signature field constitute a player’s signature. Managers are responsible to ensure all players agree to be included on this document.
- Any roster additions after submitting must complete a roster addition form.
- Rosters are FINAL after the second game of the regular season. No additions can be made after the second game.