CITY OF CAPITOLA RECREATION DEPARTMENT
PLAYER WAIVER, RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT

INSTRUCTIONS TO MANAGER: Fill in the name of your team, the name of the league (Men's "B", etc.), and the Season/Year (Summer or Fall 2003). Every player must have a signed Waiver/Release Form on file with Capitola Recreation before she or he plays in any league game. **It is the responsibility of the manager to keep the team roster up-to-date.** The player agreement is through the current season, or until the player is released by the manager.

NOTE: ANY FALSIFICATION OF INFORMATION ON THIS FORM WILL SUBJECT THE PLAYER, MANAGER, AND/OR TEAM TO SUSPENSION FROM THE LEAGUE.

PLAYER AGREEMENT

I, the undersigned player, acknowledge, agree and understand that:

1. Voluntarily and of my own free will, I elect to participate as a member of the sports team and league indicated on this form.
2. I understand that there are certain risks and hazards involved in participating in sports that may result in injury or death to me or other players, including, but not limited to those hazards associated with weather conditions, field and playing conditions, equipment and other participants.
3. I understand that the very nature of the game is hazardous and risky, including, but not limited to, running, jumping, stretching, sliding, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.

Further, I, the undersigned player, agree that in consideration for the right to play as a member of the team designated on this form and in consideration for permission to play at the sites arranged for by the team or league:

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) 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 (c) while on or upon the premises of any and all of the sites arranged for by my team or league for practice or play.
2. I release, discharge and agree not to sue the team and league as designated on this form: the site owner, including the city of Capitola, Capitola Recreation Department, and the Soquel Elementary School District, their agents and employees; any person or entity connected with the team, league, or site for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause, including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

NAME OF TEAM	NAME OF LEAGUE	MANAGER

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

NAME OF PLAYER (print)	SIGNATURE OF PLAYER	DATE

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NAME OF TEAM	NAME OF LEAGUE	MANAGER

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