



CITY OF CAPITOLA
 RECREATION DEPARTMENT
 4400 Jade St., Capitola, CA 95010
 (831) 475-5935



ADULT SPORTS ROSTER &

PLAYER WAIVER, RELEASE OF LIABILITY and INDEMNIFICATION AGREEMENT

Team Name: _____ Manager: _____

Phone: _____ E-mail: _____

Address: _____ City: _____ Zip: _____

Softball	Season/Year: _____
<input type="checkbox"/> Co-ed B Competitive	
<input type="checkbox"/> Co-ed C Semi-Competitive	

1. Voluntarily and of my own free will, I elect to participate as a member of the league indicated by this roster.
2. I understand that there are certain risks and hazards involved in participating in the league that may result in injury or death to me or other players, including, but not limited to those hazards associated with weather conditions, playing conditions, indoor floor surfaces, equipment and other participants.
3. I understand that the very nature of the game is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding, catching, shooting, serving, receiving, volleying, or otherwise hitting of the ball, the swinging of the bat, running, jumping, stretching, sliding, diving, 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 roster and in consideration for permission to play on the fields/facilities 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 participating 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 fields/facilities arranged for by my team or league for practice or play.
2. I release, discharge and agree not to sue the team and league designated on this roster, the field or facility owner or other entity designated below, the City of Capitola and its officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field or facility 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.
3. I, the undersigned, in consideration of participation in this program, agrees to indemnify and hold harmless the City of Capitola, Capitola Parks & Community Services Department, their officers, employees, its agents and umpires, any affiliated third party leagues, including but not limited to the Amateur Softball Association of America (ASA), and release the City and any affiliated third party leagues from and against all loss, injury or any and all liability for any injury which may be suffered by the below named individual registered in this program, arising out of, or in any way connected with participation in this program.
4. I hereby authorize and give consent to the City of Capitola, its successors and assigns, to copyright, broadcast, publish and display all photographs and videos taken by them in which I appear.



BY SIGNING THIS YOU AGREE WITH THE TERMS ON THE OTHER SIDE OF THIS SHEET

PLAYER NAME (print)	STREET ADDRESS	CITY, ZIP	PHONE	DATE	SIGNATURE
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18.					

Team Name:	Manager:	Season/Yr:
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