

Adult CO-ED Softball 2017

Team Waiver

I certify that I am in physical condition to participate in the Moab City Recreation Adult Coed Softball 2017 season. By my signature below I acknowledge that physical activities create inherent risks of injury to my person. I understand and am aware of the risks and hazards of participating in sports and recreation activities. I represent that I am physically fit and capable of participating in this program. I assume all risks associated with my participation in this program, even if those risks are caused by the negligence of someone else. I, hereby, for myself, and my heirs, do waive and release any and all rights and claims for damage or loss I may have against the City of Moab, its employees, or any volunteers assisting with the program, and for any and all injuries suffered by myself at any activity sponsored by the City of Moab Recreation Department, or as a result of my use of the equipment or facilities. I further understand that the city of Moab is under no obligation to provide me with medical care as a result of my participation in this event. *By signing this document I hereby verify that I am covered by insurance.*

<p style="text-align: center;">TEAM NAME:</p> <p style="text-align: center;">Team Fee \$225</p>	<p style="text-align: center;">Coach / Captain / Contact Person:</p> <p>Name: _____</p> <p>Phone: _____</p>
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TEAM ROSTER

By signing, I verify that I have read the above waiver:

1	Name: Signature: Date signed:	Phone: Address:
2	Name: Signature: Date signed:	Phone: Address:
3	Name: Signature: Date signed:	Phone: Address:
4	Name: Signature: Date signed:	Phone: Address:
5	Name: Signature: Date signed:	Phone: Address:
6	Name: Signature: Date signed:	Phone: Address:
7	Name: Signature: Date signed:	Phone: Address:

(Please flip over to add more names.)

8	Name: Signature: Date signed:	Phone: Address:
9	Name: Signature: Date signed:	Phone: Address:
10	Name: Signature: Date signed:	Phone: Address:
11	Name: Signature: Date signed:	Phone: Address:
12	Name: Signature: Date signed:	Phone: Address:
13	Name: Signature: Date signed:	Phone: Address:
14	Name: Signature: Date signed:	Phone: Address:
15	Name: Signature: Date signed:	Phone: Address:
16	Name: Signature: Date signed:	Phone: Address:
17	Name: Signature: Date signed:	Phone: Address:
18	Name: Signature: Date signed:	Phone: Address:
19	Name: Signature: Date signed:	Phone: Address:
20	Name: Signature: Date signed:	Phone: Address: