City of Hurst Recreation Division Official Adult Softball Team Roster Form

Circle One: **SPRING** **SUMMER** **FALL**

_____	_____	_____	_____
Year	**Division/Field**	**Night**	**Team Name**

Manager Name: _____ **Manager Address:** _____ **C/S/Z:** _____

Home Phone: _____ **Cell Phone:** _____ **Email:** _____

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.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

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.

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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