

Official Team Roster for Participation in Adult Coed Church Softball League
Sponsored by the City of Suffolk Department of Parks and Recreation

Release and Waiver: In consideration of being permitted to participate in any way in Coed Slow-Pitch Softball League, I for myself, my heirs, personal representatives or assigns, do hereby release, waive, and forever discharge the City of Suffolk, its Council members, officers, employees, and agents for liability from any and all claims, demands, rights and causes of action of whatever kind resulting in, but not limited to, bodily injury, personal injury, accident or illness (including death), and property damage sustained by me and my agents, representatives, employees, or family members arising from participation in Coed Slow-Pitch Softball League.

CONSENT TO USE PHOTOGRAPHS: I understand that photographs may be taken of me and/or my child at any Parks and Recreation program or facility for publication in material used to promote department programs, classes, or events.

Indemnification: I shall indemnify and hold harmless the City of Suffolk, its Council members, officers, employees, and agents from and against any and all claims, losses, damages, fines, penalties, suits and costs, including injury and death penalties imposed by any authority which arise out of any violation of law by, and all acts and omissions caused by me, my employees, subcontractors, agents, or representatives during the participation in Coed Slow-Pitch Softball League.

I certify that all information is correct and complete. I recognize that each program may have different requirements and that, I or my child, must follow all rules, regulations, and policies, procedures and guidelines specific to each program.

Church Team Name: _____

Sport: **Adult Coed Fall Softball League 2020**

NO	PARTICIPANT'S NAME	ADDRESS/CITY/STATE/ZIP	PHONE	PLAYER'S SIGNATURE
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I certify that this is a complete roster of players to be used in this event. The use of a player not listed would result in the forfeiture of a game. I also certify that the game rules, player rules and tournament rules have been discussed with the players. The players have been aware of their liability while participating in this event.

Coach/Manager Name: _____
 Address: _____
 City/State/Zip: _____
 HM# _____ WK# _____
 CELL# _____ Email _____
 Signature _____

Assist Coach: _____
 Address: _____
 City/State/Zip: _____
 HM# _____ WK# _____
 CELL# _____ Email _____
 Signature _____

