



## ADULT SPORTS TEAM ROSTER

CITY OF MESA PARKS, RECREATION AND COMMERCIAL FACILITIES  
OFFICIAL WAIVER & RELEASE OF LIABILITY & INDEMNIFICATION

OFFICIAL USE ONLY

League: \_\_\_\_\_

Team No: \_\_\_\_\_ Date: \_\_\_\_\_

I, the undersigned player or parent or legal guardian of a minor player named below, acknowledge, agree and understand that: 1.) Voluntarily and of my own free will, I elect to participate as a member of an adult sports team and league indicated below. 2.) I understand that there are certain risks and hazards involved in participating in adult sports including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants in addition to the acts of pitching, throwing, fielding, hitting, shooting and catching of the ball, the swinging of the bat, running, jumping, stretching, sliding, diving, and other 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 agree that in consideration for the right to play as a member of the team designated below and in consideration for permission to play on the field arranged for by the team or league: 1) I voluntarily elect or accept and solely assume all risk of damages, injury, including death, 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 or observer during practice or play by other teams or by other players on my team, and (c) while on or upon the premise of any and all of the fields/courts arranged for by my team or league for practice or play. 2) I release, discharge, and agree not to sue the team and/or league designated below or any owner or lessee of fields/courts on which adult sports is played or practiced by my team or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field/court 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. I further agree that I shall hold harmless and fully indemnify the parties hereby released from any claims, damages, costs including attorney fees, and cause of action which may arise from any claim or cause of action made by me, through me or on my behalf even if the damages, injuries or death are caused in whole or in part by any of the parties or entities hereby released. Participants understand and agree that they may be photographed and/or videotaped for promotional purposes. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT, AS WELL AS THE RULES FOR THE ADULT SPORTS PROGRAM AND PLAYER'S CODE OF CONDUCT, AND AGREE TO ABIDE BY THEM.

### TEAM MANAGER AFFIDAVIT

**(Must be filled out completely & legibly!)**

I am the manager of the below mentioned team and, after being first duly sworn, depose and say that all of the information supplied above is correct to the best of my knowledge and that all of the players signed the above in their handwriting and they are eligible to compete with my team in the City of Mesa league play. I have read and agree to all the rules of the City of Mesa Adult Sports program and verify to the best of my knowledge that all information given is accurate and true. I also understand all participants play at their own risk and are responsible for their own health insurance.

Team Name: \_\_\_\_\_

Former Team Name: \_\_\_\_\_ Win Tourney? \_\_\_\_\_

Level of Play Last Season: \_\_\_\_\_ Win Your League? \_\_\_\_\_

Sport: \_\_\_\_\_ Season/Year: \_\_\_\_\_

Class (Men/Women/CoRec): \_\_\_\_\_

Day: \_\_\_\_\_ Location: \_\_\_\_\_ Level: \_\_\_\_\_

**Coach:** \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

1st Phone: \_\_\_\_\_ 2ndPhone: \_\_\_\_\_

Signature: \_\_\_\_\_

**Assistant Coach:** \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

1st Phone: \_\_\_\_\_ 2ndPhone: \_\_\_\_\_

Signature: \_\_\_\_\_

	PRINT PLAYER'S NAME	PLAYER'S SIGNATURE	PHONE	HOME ADDRESS
1.				
2.				
3.				
4.				
5.				
6.				
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