BLUE VALLEY RECREATION

OFFICIAL ADULT TEAM ROSTER & WAIVER FORM

Sport: **Basketball Dodgeball Kickball Softball** ***Gender:*** **Men's or Coed** ***League Night:*** _____

Team Name: _____ ***Manager's Name:*** _____

This roster/wavier must be turned in before the start of your first game.

I understand that the tournament for which I intend to participate may have some inherent risk of injury because of the activity. As a participant I agree that the Blue Valley Recreation Commission, the Blue Valley School District and their employees and representatives, shall not be held responsible for any illness, injury to person, or damage to property resulting from my participating in this tournament. I further grant permission for the Blue Valley Recreation Commission to use my photograph for promotional purposes. . Further, I voluntarily and of my own free will, elect to participate as a member of this softball team. I understand that there are certain risks and hazards involved in participating in softball 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, equipment and other participants. I understand that sliding into base is dangerous to me and to other players and may result in serious injury or death. I understand that the very nature of the game of softball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding and catching of the ball, 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 this team and in consideration for permission to play on the fields arranged for by the team: 1) I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team, (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 arranged for by my team for practice or play, 2) I release discharge and agree not to sue the field owner, BVRC, ASA, the tournament director, or their owners, officer, agents, servants, associations, employees, or any person or entity connected with the field owner, BVRC or ASA 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 acknowledge that I have read and that I understand the provisions in this waiver and agree to abide by them. This waiver and agreement shall be in effect for a period of 365 days from the date of signing.

NAME	ADDRESS	CITY	ST	ZIP	SIGNATURE	DATE

NAME	ADDRESS	CITY	ST	ZIP	SIGNATURE	DATE