

Garner Parks, Recreation and Cultural Resources Official Team Roster

NAME OF TEAM _____ **MANAGER'S NAME** _____ **PHONE (H)** _____ **(W)** _____ **(O)** _____

MANAGER'S ADDRESS _____

Each individual who signs below certifies that the information provided is true and correct and that they agree to abide by the rules of the league in which they are participating.

By signing this roster, I hereby release the Town of Garner, its agents, league officials, employees and officers from all responsibility arising out of injury (physical or otherwise) incurred during program activities. I understand that participation in this recreational program involves risk of injury. These risks include but are not limited to collision with other participants, being hit by ball or bat, tripping or falling, contact with other participants that may have infectious (communicable) diseases, physical exertion or other accidents. I further understand that before participating in this or any other program I should consult a physician for advice. By signing this form I acknowledge all risks of injury and death and affirm that I am willing to assume responsibility should injury or death result from them. I also agree to follow all rules and procedures of the program and to follow the reasonable instructions of the teachers and supervisors of the program. Furthermore, in return for the opportunity to participate in this program I agree for myself, and for my heirs, assigns, executors and administrators, to waive any legal rights I may have to seek payment from the Town, its employees or its agents for bodily injury or death resulting from this program, and to release those parties from any liability for damages resulting from the injuries or death. I understand that no insurance coverage is provided by the Town of Garner. I grant the Town of Garner permission to use, for any legitimate reason, any photographs, motion picture or recording of my teams participation in this activity.

PRINT NAME	SIGNATURE (If under 18 parent's must sign)	GARNER RESIDENT (Yes or No)	STREET ADDRESS, TOWN, ZIP	PHONE (W)	PHONE (H)	SEX
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

