

Team Name: \_\_\_\_\_ Manager's Name \_\_\_\_\_ Telephone - (H) \_\_\_\_\_ / (C) \_\_\_\_\_

Stamford League / Division: \_\_\_\_\_

I, the undersigned player, acknowledge, agree and understand that I: Voluntarily and of my own free will, elect to participate as a member of the team and league mentioned above. I understand that there are certain risks and hazards involved in participating that result in injury or death to me or other players. I understand that playing on a field or a court is dangerous to me and to other players and may result in serious injury or death. I understand that the very nature of this sporting activity is hazardous and risky, including but not limited to, the acts of running, jumping, stretching, 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 the team designated below and in consideration for permission on the field or gym arranged for by the team or league, 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 so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by players on my team, and [c] while on or upon the premises of any and all of the fields or gyms arranged for by my team or league for practice or play. I release, discharge and agree not to sue the team and league designated below, the gym owner or other entity designated below, the officers, agents, servants, associations, employees, or any person or entity connected with the team, league, gym or the city of Stamford, 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 released. \*By signing the roster below, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

	PLAYER'S NAME Print or Type	Please **PLAYER'S SIGNATURE	* INITIALS	DATE	Home Address City, State Zip	Street, Cell phone	HOME PHONE NOT a	WORK PHONE
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18	NON-RESIDENTS FILL OUT LINES 18-20				NON-RESIDENTS FILL OUT LINES 18-20			
19	NON-RESIDENTS FILL OUT LINES 18-20				NON-RESIDENTS FILL OUT LINES 18-20			
20	NON-RESIDENTS FILL OUT LINES 18-20				NON-RESIDENTS FILL OUT LINES 18-20			