

Southbury Parks & Recreation Adult Co-Ed Softball

Roster & Waiver Agreement

I understand that participation in any recreational or sporting activity involves risk. I further understand that the Town of Southbury does not provide Accident/medical insurance for program participants. The undersigned voluntarily agrees to hold the Southbury Parks and Recreation Department harmless for injuries or accidents resulting in bodily injury or property damage during my participation in the Southbury Parks and Recreation Department program. I further waive, release, absolve and indemnify the Southbury Parks and Recreation Department and the Town of Southbury, its directors, volunteers, officers or employees for injuries or accidents occurring while participating in the programs of the Southbury Parks and Recreation Department.

Team Name: _____

Team Captain/Manager: _____

Date _____

| <u>Name (Print)</u> | <u>Initials</u> | <u>Signature</u> | <u>Address</u> | <u>Phone (Cell)</u> | <u>Email Address</u> |
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