

Martinez Recreation Division

(925) 372-3510



ADULT SPORTS ROSTER CHANGE FORM

Team Name _____

Team Classification: Men's E Co-Ed

Team Manager _____ Phone _____

Names of Players Deleted

1	
2	
3	
4	
5	

Players Added

Play Must Complete the Wavier on the Back to Before Their First Game

1	Name: _____ Phone: _____
	Address: _____
2	Name: _____ Phone _____
	Address: _____
3	Name: _____ Phone _____
	Address: _____
4	Name: _____ Phone _____
	Address: _____

Manager Signature

Date

Player Waiver, Release of Liability and Indemnification Agreement

I, the undersigned player, acknowledge, agree and understand that:

1. Voluntary and of my own free will, I elect to participate as a member of the adult softball league indicated below.
2. 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 these hazards associated with weather conditions, playing conditions, equipment, and other participants.
3. I understand that the very nature of softball is hazardous and risky, including, but not limited to, the acts of throwing or catching the ball, blocking, running, jumping, stretching, sliding, diving, and collisions with other players and/or stationary object, all of which can cause serious injury or death to me or other players.

Further, I, the undersigned player, agree to 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 by the team or league:

1. I voluntarily elect and assume all the risks of injury incurred or suffered by me while (a) practicing as a member of the team designated. (b) While serving in a non-playing capacity as a team member during practice or play by other teams, and (c) while on or upon the premises of any and all fields arranged by my team or league for practice or play.
2. I release, discharge and agree not to sue the team and the City of Martinez, the Contra Costa Officials Association, Inc. or their officers, agents, servants, associations, employees or any other person or entity connected with the team, league, or field for any claim, damages, costs or cause of action which I have or may have in the future as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, or breach of contract or wrongful conduct of the parties hereby released.

Name of Team	Name of the League	Season
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I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THOSE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Name of Player	Signature of Player	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____