



**SPORT:** \_\_\_\_\_

**ADULT TEAM REGISTRATION, ROSTER AND WAIVER OF LIABILITY FORM**  
**ALL INFORMATION MUST BE COMPLETE BEFORE TEAMS CAN REGISTER!**

REGISTRATION CODE	Team Name	Year	Season
Manager=s Name	Address		
City	Zip	Phone (Home)	(Work)
Assistant Manager		Phone (Home)	(Work)

**Waiver of Liability**

I/we hereby release and forever discharge the City of Peoria, an Arizona municipal corporation, its elected and appointed officials, directors, officers, boards, commissions, agents, representatives, servants, and employees, and any and all other persons, firms or corporations who are or might be liable, from any and all claims of any kind or character which I/we have or may have against them due to my participation, or my child's participation, in a City of Peoria Recreation Program. This waiver includes all damages, losses, costs, expenses, and injuries that allegedly occur during the course of this recreation program. In that regard, I/we covenant to indemnify, defend, and hold harmless to the fullest extent permitted by law the foregoing persons and entities from any loss or damages, including reasonable attorneys' fees and litigation expenses, which may be incurred by them in the event any such claims are asserted against them or any of them. I/we understand that medical claims are my/our responsibility. This waiver does not extend to any such claim or liability that is caused by the sole and exclusive intentional acts or gross negligence of the City of Peoria or its officers, employees, or agents.

**ROSTER – ALL PLAYERS MUST BE 18 YEARS OR OLDER AT THE TIME OF REGISTRATION**

Player Names (Print)	Address	City	Zip	Home Phone	Player Signature ( Parent Signature if under 18)	Date Signed
1)						
2)						
3)						
4)						
5)						
6)						
7)						
8)						
9)						
10)						
11)						
12)						
13)						
14)						
15)						
16)						
17)						
18)						

As Team Manager, I verify that names, addresses, and phone numbers are correct. I understand that we must uphold the rules and regulations of the Community Services Department. I understand each participant involved plays or attends at his/her own risk and is responsible for his/her own health insurance coverage.

Manager=s Signature \_\_\_\_\_ Date \_\_\_\_\_ WHITE: Office YELLOW: League Director PINK: Team Manager