Diama Charle Our	Glendale Community Services & Pa	ADULT SPORTS	, , ,	348-6420
Please Check One Men's Slow Pitch Wor	men's Slow Pitch Coed Slow Pitch			
Геат Name/Manager Infor				
Team name	Manager name	Manager address		City, Zip
		Home phone	Work phone	E-mail Address
Sponsor (if any)	Co-manager name, if applicable	Manager address		City, Zip
		Home phone	Work phone	E-mail Address
the City of Glendale or any of o me as a result of participating the wrongful death caused by negligible during participation in sports process, damage, or injury that make agree that in the event any clemployees, I shall defend, indowherever made or presented.	its officers, agents, servants or employees, when in the Sports Program or any activities incidents instrument to exempt and relieve the City of ligence. I am fully aware of the risks and hazar programs and that participants in sports program may occur to me during participation in the Sports by be sustained by me during participation in the aim for personal injury, property damage, or with	ether the same shall arise by the ental thereto wherever or howeld Glendale, its officers, agents, dis inherent in participating in as can suffer serious injury. If orts program. Nevertheless, he e Sports program or any activation or any of its officers, agents or any of its officers, agents or	ne negligence and gross neglige ever the same may occur and for servants or employees from lia the Sports Program, I understa realize that no medical insuran- ereby elect voluntarily to partic ities incidental thereto.	nd that serious accidents occasionally occur ce or other insurance is provided by the City of ipate in the Sports program and assume all risk of
understand by voluntarily par nsurance.	rticipating in the sports program, I am not an er	nployee of the City of Glenda	le and therefore not entitled to	coverage under the City's workers' compensation
understand that this hold harm	mless and assumption of the risk agreement sha	all apply not only to me but als	so to my heirs, executors, admir	nistrators, next of kin, assigns and successors.
acknowledge that I have read he legal consequences of sign		tely advised of the potential d	angers incidental to participation	on in the Sports program and I am fully aware of
By my signature I hereby co	ertify that I am eighteen (18) years of age o	r older.		

By your signature on this roster you agree to all the provisions of the Hold Harmless agreement. This agreement may not be waived.

Date

I hereby certify that all information is correct and is in no way falsified.

Signature of Manager

By your signature on this roster you agree to all the provisions of the <u>Hold Harmless</u> agreement on page one. This agreement may not be waived Player Information. Manager(s) must complete this section also. Complete each box, otherwise, roster is incomplete. Please print neatly.

	symmetric complete time section these	Home address	wise, roster is mediapreter i	City, Zip
Coach/Player name	Signature			
		Home phone	Work phone	E-Mail Address
1.		Home address		C'u. Z'-
Coach/Player name	Signature	Home address		City, Zip
		Home phone	Work phone	E-Mail Address
2.		Home address		City, Zip
Coach/Player name	Signature	Home address		City, Zip
		Home phone	Work phone	E-Mail Address
3.		Home address		City, Zip
Coach/Player name	Signature			37 1
4		Home phone	Work phone	E-Mail Address
4.		Home address		City, Zip
Coach/Player name	Signature			
5.		Home phone	Work phone	E-Mail Address
Coach/Player name	Signature	Home address		City, Zip
		Home phone	Work phone	E-Mail Address
6.		Home address		City, Zip
Coach/Player name	Signature	Home address		City, Zip
_		Home phone	Work phone	E-Mail Address
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Coach/Player name	Signature			
8.		Home phone	Work phone	E-Mail Address
	Signatura	Home address		City, Zip
Coach/Player name	Signature	Home who ::-	Work	T. Mail Address
9.		Home phone	Work phone	E-Mail Address
Coach/Player name	Signature	Home address		City, Zip
		Home phone	Work phone	E-Mail Address
10.				

By your signature on this roster you agree to all the provisions of the <u>Hold Harmless</u> agreement on page one. This agreement may not be waived. Player Information. Manager(s) must complete this section also. Complete each box, otherwise, roster is incomplete. Please print neatly.

		Home address		City, Zip
Coach/Player name	Signature			
		Home phone	Work phone	E-Mail Address
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Coach/Player name	Signature	Home address		City, Zip
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		Home phone	Work phone	E-Mail Address
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		Home address		City, Zip
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Coach/Player name	Signature	Home address		City, Zip
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		Home phone	Work phone	E-Mail Address
14.				
		Home address		City, Zip
Coach/Player name	Signature			
		Home phone	Work phone	E-Mail Address
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Coach/Player name	Signature	Home address		City, Zip
			T	
		Home phone	Work phone	E-Mail Address
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G 170	a:	Home address		City, Zip
Coach/Player name	Signature			
		Home phone	Work phone	E-Mail Address
17.				
		Home address	l	City, Zip
Coach/Player name	Signature			,
		** 1	L wy 1 1	EW 1411
		Home phone	Work phone	E-Mail Address
18.				
Cooch/Dlavan nama	Signatura	Home address		City, Zip
Coach/Player name	Signature			
		Home phone	Work phone	E-Mail Address
19.				
		Home address		City, Zip
Coach/Player name	Signature			
		Home phone	Work phone	E-Mail Address
		Home phone	work phone	L-iviail Addices
20.				