

**CITY OF LOUDON PARKS AND RECREATION
ADULT FLAG FOOTBALL ROSTER AND WAIVER
(Must be turned in 3 days before first game)**

Team Name: _____ Team Manager _____

Team Managers Phone #'s: Work _____ Home _____ Other _____

I, _____ (print team manager name) have received a copy of the City of Loudon Parks and Recreation Department Adult Flag Football Program League Rules. I fully understand these rules and will abide by them at all times. I also will make sure all my players are aware of the rules and will also abide by them at all times.

Team Manager Signature

TEAM WAIVER

I assume all risks, hazards and liability, incidental to participation including transportation to and from the activities and do hereby waive, release, absolve, indemnify, and hold harmless the City of Loudon, Loudon Parks and Recreation Department, its organizers, employees, instructors, and participants for any claim arising out of an injury, illness, or loss of life.

All participants must be 18 or older.

ALL PLAYERS MUST READ AND SIGN THIS WAIVER AND ROSTER TO BE ELIGIBLE TO PLAY.

| <u>Player (print)</u> | <u>Player (sign)</u> | <u>Number</u> | <u>D.O.B.</u> | <u>Date signed</u> |
|------------------------------|-----------------------------|----------------------|----------------------|---------------------------|
| 1. _____ | _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ | _____ |
| 6. _____ | _____ | _____ | _____ | _____ |
| 7. _____ | _____ | _____ | _____ | _____ |
| 8. _____ | _____ | _____ | _____ | _____ |
| 9. _____ | _____ | _____ | _____ | _____ |

Player (print)

Player (sign)

Number

D.O.B.

Date signed

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11. _____

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