

**CITY OF LOUDON PARKS AND RECREATION  
ADULT SOFTBALL 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 Softball 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.

If under 18 years of age, a separate waiver must be signed by two (2) parents of participant and date of birth must be completed.

**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> (if under 18)	<u>Date signed</u>
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8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____

**Player (print)**

**Player (sign)**

**Number**

**D.O.B.  
(if under 18)**

**Date signed**

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