



Harlingen Parks and Recreation

Softball League/ Tournament

Official Team Roster

Team:		City:	
Classification:		Date:	
Name of League Tournament:		Res. Home Phone:	
Coach/Manager's Name:		Bus. Home Phone:	
Street:		Mobile:	
City:		Fax:	
State and Zip:		Email Address:	

1. The risk of injury from the activities involved by the program is significant, including the potential for permanent physical paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury **does exist**.
2. I KNOWINGLY AND FREELY ASSUME SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASE or others, and assume full responsibility for my participation.
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE CITY OF HARLINGEN, their officers, and employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used to conduct the event, WITH RESPECT TO ANY INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Manager's Signature: _____

Date: _____

	Player's Name (Please Print)	Signature	Date of Birth
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FOR OFFICIAL USE ONLY: Managers do not write below this.

I certify that this roster is official and authorize this team to participate in HARLINGEN PARKS AND RECREATION SOFTBALL.

Athletic Supervisor Signature: _____

Date: _____