FOR OFFICE USE ONLY _____Fee + (_____ NR x $5) = _____ Receipt # _____ Initial: _____

IOWA CITY PARKS RECREATION DEPARTMENT
ADULT SPORT LEAGUE ROSTER

WOMENS [ ] MENS [ ] COREC [ ] SENIOR HIGH [ ]

SPORT: _____ DAY: _____ DIVISION: _____ TEAM NAME: _____

CAPTAIN: _____ ADDRESS: _____

CITY/ STATE/ZIP: _____ PHONE NUMBERS: (h) _____ (w) _____ (email) _____

LIABILITY RELEASE/INDEMNIFICATION: The undersigned persons certify as follows: I recognize that because of the potential hazardous nature of this activity that an injury might be sustained. In the event of injury, I give permission to hospitals, physicians and other care providers to render such treatment as would be normal and agree to pay the usual charges for such treatment. I release the City of Iowa City, its directors, officers, employees and agents of liability for any personal injuries or damages to property caused by or having relation to this activity. I understand that this release applies to any present or future injuries and that it binds my spouse, dependants and personal representative. I also agree to indemnify the City of Iowa City and its directors, officers, employees and agents of claims, demands, damages, rights of action or causes of action present or future whether the same be known or unknown, anticipated or unanticipated, brought against any or all such persons or entities based on this activity. I have read this release/indemnification and understand all of its terms. I give it volutarily and with full knowledge of its significance. I hereby agree to abide by the rules and regulations of the Iowa City Parks and Recreation Department.

PLEASE PRINT OR TYPE NAME	WRITTEN SIGNATURE	HOME ADDRESS	CITY	ZIP	PHONE	E-MAIL	NR
1. (captain)							
2. (co-captain)							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							

LIABILITY RELEASE/INDEMNIFICATION: The undersigned persons certify as follows: I recognize that because of the potential hazardous nature of this activity that an injury might be sustained. In the event of injury, I give permission to hospitals, physicians and other care providers to render such treatment as would be normal and agree to pay the usual charges for such treatment. I release the City of Iowa City, its directors, officers, employees and agents of liability for any personal injuries or damages to property caused by or having relation to this activity. I understand that this release applies to any present or future injuries and that it binds my spouse, dependants and personal representative. I also agree to indemnify the City of Iowa City and its directors, officers, employees and agents of claims, demands, damages, rights of action or causes of action present or future whether the same be known or unknown, anticipated or unanticipated, brought against any or all such persons or entities based on this activity. I have read this release/indemnification and understand all of its terms. I give it volutarily and with full knowledge of its significance. I hereby agree to abide by the rules and regulations of the Iowa City Parks and Recreation Department.

PLEASE PRINT OR TYPE NAME	WRITTEN SIGNATURE	HOME ADDRESS	CITY	ZIP	HOME PHONE	EMAIL	NR
13.							
14.							
15.							
16.							
17.							
18.							
19.							
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23.							
24.							
25.							
26.							
27.							

As captain/manager/coach of _____ team, I have this _____ day of _____, 20__, duly signed the above players and certify that each player's signature is in their own handwriting.

Signed:_____
Captain/Manager/Coach

Rev. Aug. 2016