



Clovis Area Recreation Adult Basketball Official Players Roster



All Players Must Read The Waiver on This Form And Sign The Roster Below

By signing my name below, I affirm that I have carefully read the release and indemnity agreement on this roster and fully understand its' contents. I am aware this is a release of liability and agreement to indemnify the City and sign it of my own free will.

In consideration for being permitted by the City of Clovis to participate in the above activity (ies), I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which hereafter occur to me, against the city as a result of my participation in the activity (ies). This release is intended to discharge the city, its officers, officials, employees and volunteers, and any other involved public agencies from and against any and all liability arising out of or connected in any way with my participation in the activity, even though that liability may arise out of the negligence or carelessness on the part of the persons or public agencies mentioned above. I further understand that accidents and injuries can arise out of the activity (ies); knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who (throughout negligence or carelessness) might otherwise be liable to me, for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. In addition, I agree to indemnify and hold harmless city and its officers, officials, employees and volunteers from and against all claims, damages, losses and expenses including attorney fees arising out my participation in the activity (ies) described above, caused in whole or in part by my negligent act, except where caused by the active negligence, sole negligence, or willful misconduct of the city. I further permit the use of activity / event photography and / or video for media promotion.

Team Name: _____ **Manager:** _____ **Division:** _____

	Print Name	Signature	RESIDENTIAL ADDRESS (Street, City, Zip)	Phone #	Date of Birth	\$
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