

Apple Valley Parks and Recreation Adult Athletics Team Roster



Team Name: _____

Sport: Men's Softball Co-Rec Softball 5v5 Basketball Kickball Bean Bags Bocce
 Women's Officiated Volleyball Women's Self-officiated Volleyball Co-Rec Self-officiated Volleyball Other _____

Night of Play: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Level of Play/League Name

Volleyball: A1 A2 A3 B1 B2 C1 C2 D Other _____

Softball: Silver D Bronze D/E

Other: _____

Season: Spring Summer Fall Winter **Year:** _____

By signing this form, the each player agrees with the following:

Program Rules and Regulations: I agree to abide by the rules and regulations as set forth by the Apple Valley Parks and Recreation Department. The Department will have ultimate decision making authority on any matters that might arise concerning any one of the leagues. Failure to abide by any rules or regulations can jeopardize the team's participation in the league.

Eligibility & Player Information: All players need to be at least 18 years-of-age or older. Each player's entire line must be completed. Players with incomplete information will not be considered rostered.

Please read this document carefully before signing.

- I wish to participate in Adult Athletic Leagues ("Activity") sponsored by the City of Apple Valley, Minnesota ("City") during the season listed above.
- I understand that by signing this Waiver and Release of Liability I am waiving certain legal rights; and, I accept this and sign this Waiver of my own free will.
- My participation in the Activity is voluntary. No one is forcing me to participate. I acknowledge that the Activity is not an essential service provided by the City.
- I acknowledge that participating in the Activity carries with it certain inherent risks. Injuries may result from use of athletic equipment, fields and park grounds including, but not limited to failure of equipment, being struck by balls, and the failure of others to observe safety rules. I assume any and all risks, both known and unknown, while participating in the Activity.
- To the best of my knowledge I have no physical or medical conditions that would prevent me from participating in the Activity.
- In consideration of being allowed to participate in the Activity, I understand and agree that neither the City nor any person acting on behalf of the City, may be held liable in any way for any event which occurs in connection with the Activity which may result in harm, death, injury or damage to me. This waiver of liability does not waive liability for any injuries that I obtain as the result of willful, wanton or intentional misconduct by the City or any person acting on behalf of the City.
- I agree to comply with all rules related to the Activity. If I observe any unusual or significant hazard during my participation in the Activity, I will stop participating and immediately notify the nearest official.
- I agree to defend, indemnify and hold harmless the City for any expense or liability the City may incur as a result of my conduct, action or omissions while performing the Activity.
- It is my express intent that this Waiver and Release of Liability shall bind the members of my family, if I am alive, and my heirs, assigns and personal representatives if I am deceased.
- I grant permission for the use of any photographs, motion pictures, recordings, or any other record of my participation in this Activity for any legitimate purpose, without financial or other compensation or royalties.
- If any court finds any portion of this Waiver and Release of Liability to be contrary to law, invalid, or unenforceable, the remainder of the Waiver and Release of Liability will remain in full force and effect.
- My signature indicates that I read this entire document, understand it completely, acknowledge that it cannot be modified or changed in any way by oral representations, and agree to be bound by its terms.

| | Player Name (Print) | Primary Phone | Email | Zip Code | Player Signature Required | Date |
|-----|---------------------|---------------|-------|----------|---------------------------|------|
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6+ Players 6 through 20 may be added on page 2 of your roster

Roster limits: Volleyball: 20 players Softball: 20 players Kickball: 20 players Basketball: 20 players Bean Bags: 6 players Bocce: 6 players

Apple Valley Parks and Recreation Adult Athletics Team Roster—page 2



By signing this form, the each player agrees with the following:

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Eligibility & Player Information: All players need to be at least 18 years-of-age or older. Each player's entire line must be completed. Players with incomplete information will not be considered rostered.

Please read this document carefully before signing.

- I wish to participate in Adult Athletic Leagues ("Activity") sponsored by the City of Apple Valley, Minnesota ("City") during the season listed on the first page.
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- My participation in the Activity is voluntary. No one is forcing me to participate. I acknowledge that the Activity is not an essential service provided by the City.
- I acknowledge that participating in the Activity carries with it certain inherent risks. Injuries may result from use of athletic equipment, fields and park grounds including, but not limited to failure of equipment, being struck by balls, and the failure of others to observe safety rules. I assume any and all risks, both known and unknown, while participating in the Activity.
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- My signature indicates that I read this entire document, understand it completely, acknowledge that it cannot be modified or changed in any way by oral representations, and agree to be bound by its terms.

| | Player Name (Print) | Primary Phone | Email | Zip Code | Player Signature Required | Date |
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