



RECREATION & PARKS DIVISION

CO-ED Adult Softball Team Roster Form

TEAM NAME: _____

MANAGER: _____ **HOME #:** _____ **WORK #:** _____ **EMAIL:** _____

ASST. MANAGER: _____ **HOME #:** _____ **WORK #:** _____ **EMAIL:** _____

I/We, the below participant(s) and/or spouse and/or parents/guardians of the above participant(s), do hereby consent to my/our/his/her participation in the above Program including all activities incidental to the Program. I/We assume all responsibilities for, and risk and hazards of, participation in the Program, including transportation to and from all activities in the Program/ In consideration of being allowed to participate in the Program, I/We hereby release and forever discharge the City of Johns Creek, the City of Johns Creek Recreation & Parks Division, and their respective officials, officers, employees, sponsors, organizers, supervisors, volunteer, participants and agents, from any and all claims, actions or causes of action of whatever kind and nature, including claims for property damage, bodily injury or death, arising out of, or sustained as result of, my/our/his/her participation in the Program and all activities incidental to the Program. I hereby give the City of Johns Creek ("City") permission to take photographs of me or photographs in which I may be involved with others without compensation to me. These photographs may be used by the City for promotional and information purposes in print, on the City website and in other media.

| | NAME (print) | HOME ADDRESS (print) (#, street, city, and zip) | PHONE | BIRTHDATE | SIGNATURE |
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