



ADULT SPORTS ROSTER

TEAM NAME: _____ TEAM MANAGER: _____

PHONE: _____ EMAIL: _____

ADD/ DROP	NAME (PLEASE PRINT)	SIGNATURE	E-MAIL ADDRESS	MAILING LIST? Y/N
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				

CITY OF ALBANY RECREATION & COMMUNITY SERVICES DEPARTMENT · ADULT SPORTS · 1249 MARIN AVENUE, ALBANY, CA

"Assumption of Risk: I am aware that Albany Sports involves certain inherent risks, dangers, and hazards which can result in serious personal injury or death. I hereby freely agree to assume and accept all known and unknown risks of injury arising out of Sports activities. Release and Waiver of Claims Agreement: For allowing me to participate in Albany Sports, I agree to the fullest extent permitted by law, as follows: 1) to waive all claims that I have or may have against the City of Albany, and its employees, agents, and representatives, 2) to release the City of Albany, and its employees, agents, and representatives from all liability for any damages, injury or expense that I or my next of kin may suffer arising out of Albany Sports, from any cause whatsoever, including negligence or breach of contract."