



City of Tukwila Parks and Recreation Department
 "Creating Community through People, Park and Programs"

ADULT ATHLETIC LEAGUE ROSTER & WAIVER/RELEASE OF LIABILITY

ACTIVITY		
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> VOLLEYBALL	<input type="checkbox"/> MEN
<input type="checkbox"/> BASKETBALL	<input type="checkbox"/> SOCCER	<input type="checkbox"/> WOMEN
<input type="checkbox"/> OTHER _____		<input type="checkbox"/> CO-ED

Team Name: _____ Manager: _____ Address: _____

City: _____ Zip: _____ Day Phone: _____ Email: _____

EACH PARTICIPANT MUST READ AND SIGN THIS FORM BEFORE PARTICIPATING: In consideration of being allowed to participate in any way in City of Tukwila Parks and Recreation Department Adult Athletic League program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis, and death; and while, particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist; and,
2. The City of Tukwila DOES NOT provide medical coverage for participants in the program. It is each individual's responsibility to provide medical coverage; and,
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for my participation; and,
4. I have read the League Rules, Code of Conduct, and Adult Athletics Guidelines governing the activity and willingly agree to comply with them; and,
5. I hereby, separately, for my heirs, executors and administrators, waive and release any and all rights and claims that may be held or might arise against the City of Tukwila, agents or representatives for any and all losses suffered while competing in or in connection with the programs sponsored or co-sponsored by the City of Tukwila.

	NAME (please print)	ADDRESS	CITY	ZIP	CONTACT NUMBER	EMAIL	AGE	SIGNATURE	T-Shirt Size
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MANAGER'S AFFIDAVIT: This is to certify that this roster does not include any assumed names and that each player conforms to the eligibility requirements governing this adult athletic program.

MANAGER'S SIGNATURE _____ DATE _____