

**City of Dublin
Parks & Community Services Department**

Adult Basketball Official Roster

Liability Waiver

(To be signed by EACH Player on Roster, After Reading the Following Statement)

In consideration of being permitted to play in this City of Dublin league, **I hereby release**, on behalf of myself, my family, my heirs and my assigns, the **City of Dublin**, the Recreation Department, its officers, boards, commissioners, agents and employees against any and all claims, demands, actions, suits, liabilities and judgments of every kind and nature regardless of the merit of the same and arising out of use of Park/Recreation facilities, or arising out of my participation in the City of Dublin's programs. I further give permission to the City of Dublin for the taking of photos of myself during recreational activities, and for those photos to be used in City publications and/or City websites. I affirm that I am voluntarily participating in this program and acknowledge that there are inherent risks in playing this sport that cannot be eliminated even when the greatest care is taken. I know, understand and appreciate these inherent risks. **I assume full responsibility for any and all injuries or damages which may occur to me as a result of such inherent risks associated with playing this sport.**

All areas must be filled to turn in roster

	Player Name	Player Signature	Address	Telephone
1.				
2.				
3.				
4.				
5.				
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13.				
14.				
15.				

As the team representative, I hereby certify that all the information above is correct and in no way falsified.

Team Name: _____ Manager: _____

Season/Year: _____
