

**CITY OF DUBLIN  
ADULT SPORTS LEAGUE ROSTER**

TEAM NAME:		LEAGUE:	NIGHT:	SOFTBALL	
MANAGER:		DAY PHONE:	EVE. PHONE:	EMAIL:	
ADDRESS:			CITY, ZIP CODE:		
CONTACT PERSON (OTHER THAN MANAGER):		DAY PHONE:	EVE. PHONE:	EMAIL:	
NAME (PRINT)	ADDRESS	CITY, ZIP CODE	PHONE	SIGNATURE	
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17.					

**NOTICE TO ALL PLAYERS:** The City of Dublin will not assume the responsibility or liability for injury to players or spectators. Each player must read the back of this roster form and affix his/her signature before he/she may play in any Dublin Adult Sports League program.

I, \_\_\_\_\_ (print Team Manager's name), hereby agree that I will manage my team in accordance with high standards of sportsmanship and require that players recognize my authority for control of the team at the game site. I further agree that my team will follow and obey all Dublin Adult Sports League rules and regulations. I will accept responsibility for my team's action at the game and I am willing to accept the decision by the League Director for player's misconduct. I further understand that any misconduct by a player could result in dismissal from this Adult Sports League program. I recognize this competition is for the sake of recreation and I shall do all in my power to maintain the highest code of good sportsmanship.

Team Managers Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Dear Manager:**

**Each player must read the following player's contract before signing his/her signature on the front of this roster form. Individuals who have not signed this roster form will not be eligible to participate in the Dublin Adult Sports League.**

*By affixing my signature to this form, I have read, understand and agree with the statements set forth in the following paragraphs.*

**RELEASE** (Injury to myself or to my personal property). That I release the City of Dublin, its Council, Commissions, Boards, Agents Officials and Employees from any injury to myself, or for my death, or property damage on behalf of myself, or my heirs or successors in interest, arising from my participation in the Adult Sports League program conducted by the City of Dublin.

**HOLD HARMLESS** (Injury to others or to other property). That I will indemnify and hold harmless the City of Dublin, its Council, Commissions, Boards, Agents, Officials and Employees from any loss or liability (body injuries or death, and/or damage to property, including the loss of use thereof) which results or is alleged to have resulted from my participation in the Adult Sports League program conducted by the City of Dublin.

**PLAYER RESPONSIBILITY FOR PROCURING INSURANCE.** That I am fully aware that the City of Dublin carries no medical insurance for any participant and that I am solely responsible for securing my own insurance.

**MANAGER FAMILIARITY WITH THE RULES.** My manager has advised me that he has read the Adult Sports League rules and regulations issued by the City of Dublin and has advised me of the contents thereof. I understand that any forgery of my address or signature on this form or illegal substitution of another player in my place during a game could result in me, my team and the manager of my team being eliminated from the league.

**ASSUMPTION OF RISK.** That I assume all risks involved in my participation in the Adult Sports League program and that the above release state in Section 1 includes, but is not limited to, a release (1) for maintenance or condition of the playing field; (2) for condition of appurtenances thereto (bases, mounds, bat rack and benches); and (3) for equipment supplied by the City of Dublin.

**SPORTS SKILLS.** That I am familiar with the skills required to participate in the Adult Sports League program conducted by the City of Dublin and have satisfied myself that I am proficient in these skills and that the above stated release in Section 1 includes, but is not limited to, a release for failure of the City of Dublin to provide classes for the technical instruction therein. I recognize the strenuous aspect of this sport and that it involves running, jumping, sliding, falling and possible physical contact. I hereby attest that I am physically capable of participating in this activity.

**AGE.** No current high school student will be eligible to participate and all participants must be eighteen (18) years of age or older.