



Key Pen Parks

Ph: (253) 884-9240 www.keypenparks.com Fax: (253) 884-9249

ADULT SPORTS TEAM ROSTER & WAIVER FORM (To be filled out by TEAM CAPTAIN and TEAM MEMBERS)

CAPTAIN INFORMATION:

(#1) TEAM REGISTRATION (to be completed by TEAM CAPTAIN AND PLAYERS)

Please return this roster and waiver form completed in full, with one payment for the full team fee to Key Pen Parks. Your team will not be registered until all paperwork and payment in full is received to Key Pen Parks.

As team captain I understand that I am responsible for team registration and payment, and to communicate all league information to my team members.

First Name _____ Last Name _____

_____ Male _____ Female Age _____ Phone# : _____

Address: _____ City/State _____ Zip: _____

Email Address: _____

Team Captain Signature _____ Date _____

Team Name _____

Has your team participated in this league before: No Yes Year(s) _____

Number of: Males _____ Females _____ Total Members: _____

(#2) ALL TEAM MEMBERS MUST COMPLETE THE LIABILITY RELAEASE SIDE OF THIS FORM: PROVIDE ALL REGISTRATION INFORMATION, READ AND SIGN THE RELEASE OF LIABILITY AND CERTIFY THAT ALL INFORMATION IS ACCURATE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FOR ADULT SPORTS PARTICIPATION

This is a release of liability. Read it carefully before signing.

In consideration of being allowed to participate in any way, I, THE UNDERSIGNED, FULLY ACKNOWLEDGE AND UNDERSTAND THAT THE RISK OF INJURY WHILE PARTICIPATING IN ANY ADULT SPORTS PROGRAMS OR RELATED ACTIVITY, MAY BE SIGNIFICANT, including but not limited to potentially severe injuries such as bone fractures, permanent or partial paralysis or death. I also fully acknowledge and understand that while particular rules, protective equipment, and personal discipline may reduce this risk, the risk of serious injury or death does exist. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, THAT ARE ASSOCIATED WITH ANY AND ALL ADULT SPORTS PROGRAMS OR RELATED ACTIVITIES, sanctioned, hosted, or organized by the Key Peninsula Metropolitan Park District (DBA Key Pen Parks) hereinafter referred to as Key Pen Parks and , its officers, employees, representatives, or agents, even if arising from the negligence of the aforementioned parties, and **I WILL ASSUME FULL RESPONSIBILITY FOR MY PARTICIPATION.** For myself, and on behalf of my heirs, assignees, personal representatives, and next of kin, I DO HEREBY AGREE TO DEFEND, INDEMNIFY, RELEASE, AND HOLD HARMLESS KEY PEN PARKS HEREINAFTER REFERRED TO AS KEY PEN PARKS , THEIR COACHES, MANAGERS, UMPIRES, REPRESENTATIVES, APPOINTED OR ELECTED OFFICERS, AGENTS, SERVANTS, EMPLOYEES, SPONSORS, SPONSORING AGENCIES, AND ADVERTISERS, FROM AND AGAINST ALL LOSS, LIABILITIES, AND CLAIMS, including but not limited to judgments, settlements, attorney's fees, costs, and expenses, by reason of any and all claims and demands upon any of the aforementioned parties for any damages resulting from personal or bodily injury, including death, at any time resulting there from, sustained by any person or persons and on account of damage to property including loss of use thereof, whether such injury to persons or damage to property is due to negligence of Key Pen Parks its successors or assigns, or its representatives, appointed or elected officers, agents, servants, and employees. It is further provided that no liability shall attach to Key Pen Parks and their coaches, managers, umpires, representatives, appointed or elected officers, agents, servants, employees, sponsors, sponsoring agencies, and advertisers, by reason of entering into this agreement, except as expressly provided herein. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual or significant hazard(s) during my presence or participation, I will voluntarily remove myself from further participation and immediately notify the nearest official(s). **As a willing participant, I HAVE THOROUGHLY READ THIS WAIVER, RELEASE OF LIABILITY, AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.** I assume all risks and hazards incidental to participating in the Activity and do hereby waive, release, absolve, indemnify and agree to hold harmless Key Pen Parks, their supervisors, participants and instructors for any claim arising out of any personal injury or property damage.

(#2) RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FOR ADULT SPORTS PARTICIPATION

▶▶ALL TEAM MEMBERS MUST COMPLETE THIS FORM: PROVIDE ALL REGISTRATION INFORMATION, READ AND SIGN THE RELEASE OF LIABILITY AND CERTIFY THAT ALL INFORMATION IS ACCURATE.

PLEASE PRINT CLEARLY

First Name _____ Last Name _____

____ Male ____ Female Age _____ Phone# : _____

Address: _____ City/State _____ Zip: _____

Email Address: _____

Signature of Participant _____ Date _____

First Name _____ Last Name _____

____ Male ____ Female Age _____ Phone# : _____

Address: _____ City/State _____ Zip: _____

Email Address: _____

Signature of Participant _____ Date _____

First Name _____ Last Name _____

____ Male ____ Female Age _____ Phone# : _____

Address: _____ City/State _____ Zip: _____

Email Address: _____

Signature of Participant _____ Date _____

First Name _____ Last Name _____

____ Male ____ Female Age _____ Phone# : _____

Address: _____ City/State _____ Zip: _____

Email Address: _____

Signature of Participant _____ Date _____

First Name _____ Last Name _____

____ Male ____ Female Age _____ Phone# : _____

Address: _____ City/State _____ Zip: _____

Email Address: _____

Signature of Participant _____ Date _____

First Name _____ Last Name _____

____ Male ____ Female Age _____ Phone# : _____

Address: _____ City/State _____ Zip: _____

Email Address: _____

Signature of Participant _____ Date _____

First Name _____ Last Name _____

____ Male ____ Female Age _____ Phone# : _____

Address: _____ City/State _____ Zip: _____

Email Address: _____

Signature of Participant _____ Date _____

(#3) RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT FOR ADULT SPORTS PARTICIPATION

▶▶ALL TEAM MEMBERS MUST COMPLETE THIS FORM: PROVIDE ALL REGISTRATION INFORMATION, READ AND SIGN THE RELEASE OF LIABILITY AND CERTIFY THAT ALL INFORMATION IS ACCURATE.

PLEASE PRINT CLEARLY

First Name _____ Last Name _____

___ Male ___ Female Age _____ Phone# : _____

Address: _____ City/State _____ Zip: _____

Email Address: _____

Signature of Participant _____ Date _____

First Name _____ Last Name _____

___ Male ___ Female Age _____ Phone# : _____

Address: _____ City/State _____ Zip: _____

Email Address: _____

Signature of Participant _____ Date _____

First Name _____ Last Name _____

___ Male ___ Female Age _____ Phone# : _____

Address: _____ City/State _____ Zip: _____

Email Address: _____

Signature of Participant _____ Date _____

First Name _____ Last Name _____

___ Male ___ Female Age _____ Phone# : _____

Address: _____ City/State _____ Zip: _____

Email Address: _____

Signature of Participant _____ Date _____

First Name _____ Last Name _____

___ Male ___ Female Age _____ Phone# : _____

Address: _____ City/State _____ Zip: _____

Email Address: _____

Signature of Participant _____ Date _____