

TEAM ROSTER and LIABILITY WAIVER ACKNOWLEDGEMENT

Team Name _____

	Players Name (Print)	D.O.B	Parent Signature
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Manager's Name: _____

Signature _____ Date _____

Risk Waiver and Release of Liability:

I acknowledge that athletic practice and competitions are extreme tests of a person's physical and mental limits and that my participation in an athletic event can cause potential death, serious injury, or property damage. With a full understanding of the potential risks, I HEREBY ASSUME THE RISKS OF PARTICIPATING OR OFFICIATING IN AN ATHLETIC EVENT. I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns:

a) I WAIVE, RELEASE, AND DISCHARGE Hallsville Public Schools, its organizers, referees, associates from any and all claims or liabilities for death or personal injury or damages of any kind, which arise out of or relate to my traveling to and from or my participation in athletic events on school grounds;

b) I AGREE NOT TO SUE the Hallsville School District, event organizers, referees, associates for any of the claims or liabilities that I have waived, released or discharged herein;

c) I INDEMNIFY AND HOLD HARMLESS the Hallsville School District, event organizers, referees, associates from any claims made or liabilities assessed against them as a result of my actions.

1. I have read and understand the Waiver and Release of Liability;
2. I am at least eighteen (18) years old;
3. Participants under the age of eighteen (18) year old; must have Parent / Guardian signatures
4. By submitting the attached roster I agree and consent to abide by the Waiver and Release of Liability set forth herein