

## ADULT BASKETBALL WAIVER & PLAYER ATHLETIC CONTRACT

TEAM NAME: \_\_\_\_\_ LEAGUE: \_\_\_\_\_

MANAGER'S NAME \_\_\_\_\_ PHONE(H) \_\_\_\_\_ (W) \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

### Player Waiver, Release of Liability and Indemnification Agreement

I agree to adhere to the rules and regulations of the City of San Ramon Parks and Community Services Department Adult Sports Leagues and abide by the Player Code of Conduct.

I, the undersigned, understand that there is an inherent risk of injury in programs that I may participate in and in further consideration of participation in the City of San Ramon Parks and Community Services Department Adult Sports Leagues, agree that I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assignees:

To defend, indemnify and hold harmless the City of San Ramon, its officers, employees, affiliates, or agents, the Amateur Softball Association, its officers, employees, or agents, from and against any and all claims, liabilities, losses, damages, costs or expenses, and release the City, its employees, elected officials, volunteers, and agents and the Amateur Softball Association, its employees, elected officials, volunteers, and agents from any and all claims or liabilities for death or personal injury or damages of any kind, except that which is the result of gross negligence and/or wanton misconduct of persons or entities listed above, arising from, or in any way connected with my participation.

I have read, understand and voluntarily sign this agreement, and further agree that no oral representations, statements, or inducements apart from the above written agreement have been made.

MANAGER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### READ AND COMPLETE THE WAIVER

	NAME	SIGNATURE	ADDRESS	CITY	ZIP	HOME
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2						
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**ALL PLAYERS MUST AGREE TO AND SIGN WAIVER TO BE ELIGIBLE TO PARTICIPATE IN THE ADULT BASKETBALL PROGRAM.**