

Chesterfield Adult Softball Roster

League (Circle One): **COED**

Men's

TEAM NAME

MANAGER

E-MAIL (required for all team managers)

ADDRESS

CITY

STATE

ZIP

HOME PHONE

WORK PHONE

CELL

FAX

Signature/Print Name(Each individual player must sign)	STREET ADDRESS	CITY	STATE	ZIP
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Agreement of Release and Hold the City of Chesterfield Harmless: In consideration of the acceptance of my registration to participate in said program, I agree to indemnify and save harmless the City, its agents, servants and employees, from and against any and all damages arising from injuries to persons or damage to property occasioned by any acts or omissions of participant, its agents, servants or employees, or other players and their heirs, on this roster in defense of any claim, action or suit, irrespective of any claim that an act, omission or negligence of the City or its agents, servants or employees contributed to such injury or damage. I understand that the registered activities and services may have an element of hazard or inherent danger and I take full responsibility for my actions and I acknowledge that I am physically fit and sufficiently trained to participate in the event. I also waive my rights to any photographs that may be taken and used to publicize City activities.

MANAGER'S SIGNATURE

DATE