DIXON PARK DISTRICT
TEAM ROSTER

League: _____ **Team Name:** _____

Captain: _____ **Cell Phone:** _____

Address: _____ **E-mail:** _____

Co-Captain: _____ **Cell Phone:** _____

Address: _____ **E-mail:** _____

League Deposit Paid: $_____ **Date:**_____ **League Remainder Paid: $**_____ **Date:**_____

Waiver of Liability

For good and valuable consideration, the undersigned hereby releases the Dixon Park District; all of its cooperating agencies; and the elected commissioners, administrative officers; and instructors and agents of said parties, from any and all claims of whatever nature for any injury, loss, damage, accident or expense arising from or out of the participation in the Dixon Park District Sport Leagues, and further agrees to indemnify and hold harmless all of said parties above enumerated against claims and for all costs and reasonable attorney's fees arising out of or in any way connected with the participation in the Dixon Park District Sport Leagues. The undersigned hereby releases and agrees to indemnify and hold harmless all of said parties above in regards to person or persons the undersigned includes or invites to participate with them in any activity.

PLEASE PRINT AND COMPLETE ALL INFORMATION. By signing below, you agree to the above waiver.

PLAYER'S NAME	ADDRESS, CITY	SIGNATURE	PHONE

Each team/player is responsible for their own transportation to and from all games.