



**2017 Spring Co-ed Kickball League
Team Roster
Town of Apple Valley
Recreation Department
Agreement, Waiver, Release**

I, the undersigned, understand the following:

I am aware that recreational activities can be hazardous and I am voluntarily participating in these activities with knowledge of the hazards involved and hereby agree to accept any and all risks of injury or death. The Town is not responsible for participants injuries or damages occurring from "hazardous recreation activities" (CA Government Code 831.7). The Town does not provide participants with medical insurance or treatment for injuries. I agree to hold harmless and release the Town of Apple Valley, its officers, agents and employees from any and all liability arising from or related to my participation in Town of Apple Valley program activities. This release includes, but is not limited to, all liability for death, personal injury or property damage resulting from the active or passive negligence of the Town of Apple Valley or its agents or any defective or hazardous condition of any property or equipment owned, operated or maintained by the Town of Apple Valley. I am responsible for any loss, theft or damage to either personal or Town equipment, articles or facilities while using said equipment, articles and/or facilities.

Team Name: _____ **Email** _____

Manager: _____ **Phone No.** _____

	Name (Print)	Signature	Phone	Date
1				
2				
3				
4				
5				
6				
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10				
11				
12				
13				
14				
15				
16				

*Please turn in a completed roster along with your \$225 team fee to the Town Hall Recreation Center. Any questions call (760) 240-7880.