



TEAM ROSTER & WAIVER FORM

TEAM NAME: _____ MANAGER'S NAME: _____

PHONE: _____ E-MAIL: _____

League Night: _____

Division: _____

TEAM FEE \$ _____ CHECK _____ CASH _____ PAID ONLINE _____

BY SIGNING, I AGREE TO ABIDE BY THE LEAGUE & FACILITY RULES: I acknowledge and fully understand that I will be engaging in activities that involve risk of serious injury, including permanent disability and death. These risks include, but are not limited to, those caused by: (a) the actions, inactions or negligence of Spartan Sports Park, participants, volunteers, spectators, coaches, event officials, referees and organizers; (b) conditions of the premises or equipment used; (c) rules of play; (d) temperature; (e) weather; (f) conditions of participants; and (g) vehicular traffic. I further acknowledge and fully understand that there may also be other risks that are not known or foreseeable at this time. I KNOWINGLY AND VOLUNTARILY ASSUME ALL RISKS EVEN IF ARISING FROM THE NEGLIGENCE OF SPARTAN SPORTS PARK OR OTHERS, AND I ASSUME FULL RESPONSIBILITY AND LIABILITY FOR MY PARTICIPATION. **PERSONAL RESPONSIBILITY WITH ALCOHOL:** Consumption of alcohol at Spartan Sports Park is optional and a personal decision. I agree that any alcoholic beverage I consume is my own choice and responsibility. I agree to drink responsibly and will not drive if intoxicated. Spartan Park, it's owners, operators, employees, and agents are not responsible or liable for any damages to myself or third parties that result from consumption of alcohol by myself or others, to include, but not limited to, property damage, personal injury, death, disfigurement, or loss of consortium.

PLAYER'S NAME (Print Legibly)	PLAYER'S SIGNATURE (No person shall sign for another person)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	



SUBSTITUTE PLAYER (Must play in a minimum of 3 regular season softball games / 2 volleyball games to be eligible for tournament playoffs)	Signature / Date played: