City of Pataskala Adult Softball
Team Roster and Liability Waiver

Team: _____

League: COED Team Fee: $350.00

Season: Spring '18

Sport: Co-Ed Adult Softball

Date Received: _____2018

Completed form: _____2018

Fee Paid: r5s Y - N

Mail Form and Fee to City of Pataskala 621 W. Broad St., Suite 2B, Pataskala Ohio 43062 or
Rules and Approved Equipment List at www.cityofpataskalaohio.gov, until Further Notice
Questions? Send an Email to lcrawford@ci.pataskala.oh.us

Amateur Athletic Waiver and Release of Liability – Please Read Carefully Before Signing

In consideration for being allowed to participate in any way in the City of Pataskala Co-Ed Adult Softball League and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, while particular rules, equipment and personal discipline may reduce the risk, the risk of serious injury does exist: and
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASES or others, and assume full responsibility for my participation: and
3. I willingly agree to comply with the stated and customary terms and conditions for participation and abide by the Rules set forth by the City of Pataskala, and the recreational affiliations of adult softball. If I observe any unusual significant hazard during my presence or participation. I will remove myself from participation and bring such to the attention of the nearest official and/or City representative immediately: and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS FOUNDATION PARK, THE CITY OF PATASKALA, their officers, officials, agents and/ or employees, other participants sponsoring agencies, sponsors and advertisers, and if applicable, owners and lessees or premises used to conduct event ("releases") with respect to any and all injury, disability, death, or loss or damage to persons or property or weather arising from the negligence of the releases or otherwise, to the fullest extent permitted by law: and,
5. I have read this release of liability and assumption of risk agreement, fully understand it's terms, understand that I have given up substantial rights by signing it, and sign freely and voluntarily without and inducement.

Manager's Signature _____

TEAM MANAGER: _____ ADDRESS: _____

CITY: _____ ZIP: _____ EMAIL: _____

HOME PHONE: _____ CELL PHONE: _____

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4. Print Name: _____ Address: _____

City: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

5. Print Name: _____ Address: _____

City: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

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Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

13. Print Name: _____ Address: _____

City: _____ Zip: _____ Email: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

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