HAYWARD AREA RECREATION AND PARK DISTRICT

H.A.R.D. Adult Sports Office
Soccer League Roster/Waiver

(For Office Use Only:)
Receipt #_____Fee Paid $_____
Ck#_____ Cash_____ Rec._____

Please check the appropriate box(s) failure my impact your teams placement:

Season Requested: Spring ___ Summer ___ Fall___

League Requested: Men's Open-Monday___ Men's Open -Thursday___
Women 30+-Tuesday___

Returning Status: Returning_____ New_____ 2008 Team Name_____

TEAM NAME _____ **MANAGER'S NAME**_____

MANAGERS ADDRESS_____
Street City Zip Code

PHONE ( )_____(DAY) ( )_____(EVENING) ( )_____(CELL)

E-MAIL ADDRESS_____ **FAX** ( )_____

(Official League information may be distributed by E-mail or fax. Please enter this information if possible)

	Player Name (Print)	Street Address, City & Zip	Signature
1.			
2.			
3.			
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20.			

PLAYER WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

I, the above signed player, acknowledge that I have read and understand each and every provision of this agreement and the leagues rules of play and understand that:

- I voluntarily and of my own free will, elect to participate as a member of the soccer team and league indicated below.
- I understand that there are certain risks and hazards involved in participating in soccer that may result in injury or death to me or other players, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants.
- I understand that sliding is dangerous to me and to other players and may result in serious injury or death.
- I understand that the very nature of the game of soccer is hazardous and risky, including, but not limited to, the acts, running, jumping, stretching, sliding, diving and collisions with other players and stationary objects, all of which can cause serious injury or death to me and to other players.
- I agree that in consideration for the right to play as a member of the team designated and in consideration for permission to play on the field arranged for by the team or league I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the fields arranged for by my team or league for practice or play.
- I release, discharge and agree not to sue the team and league designated below, the Hayward Area Recreation and Park District, or their owners, officers, agents, servants, associations, employees or any person or entity connected with the team, league, field for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.