



(Please Print)

Coach's Name			Birthday	/	/		
First	Middle Initial	Last					
Address							
Number/Street	City			Zip			
Phone	Email						
Additional Contact	Phone		Email				
Team Name	n Name Sponsor Name						
League Fee: \$250 Night of the Week: Thurs							
I hereby agree to participate in the League indicated above, Conducted by the City of Madeira Beach, and to abide by Department rules/regulations. I understand that injuries, included but not limited to broken and/or sprained arms, legs, ankles and backs, are inherent to athletic competition. I further understand that the City of Madeira Beach does not provide insurance coverage for participants or spectators. I hereby release the City, the Parks and Recreation Department and any City employee or volunteer of any and all liability and assume full responsibility in case of injury or accident, during or after activity. I give full permission to have any photographs or images taken at a City of Madeira Beach Event or program to be used in the City's advertising flyers, brochures, website, TV station, and newsletters. I also agree to have all members of my team correctly fill out and sign the roster/registration/waiver form prior to the first night of games.							
SIGNATURE			DATE				
METHOD OF PAYMENT		STAFF ONLY					
Cost:		Form & Payment I	Processed by:				
Paid: Check # Money Ord	er #	Receipt #	Date				





Madeira Beach Kickball Official Waiver/Roster Form

Team Name:	League Night:				
Manager Name	Manager Phone:				
DI FASE READ REFORE SIGNING					

In consideration of being allowed to participate in any way in the Madeira Beach athletics/sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in the program is significant including the potential for permanent paralysis and death, and while particular rules, equipment, and personal disciplines may reduce the risk, the risk of serious injury does exist: and.
- 2) I KNOWIGHLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGIGENCE OF THE RELEASEES or others, and assume all full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant haze during my presence or participation, I will remove myself from participation and bring such to the attention to the nearest official immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE CITY OF MADEIRA BEACH, the officers, officials, volunteers, and/or employees, other participants, sponsorship agencies, sponsors, advertisers, and if applicable, owners and leasers of the premises used to conduct the event, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISH AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. AND SIGN IT FREELY AND VOLUNTARILY WITHOUT AND INDUCEMENT.

Players Name	D.O.B.	Players Address	City, State, Zip	Email	Player Signature	