

## Team Roster/ General Release Form

RARA Recreation  
 Rochester MI 48307  
 Phone 248-656-2437

**ALL PARTICIPANTS MUST READ AND SIGN THIS FORM IN ORDER TO PLAY.**

Softball Team Roster

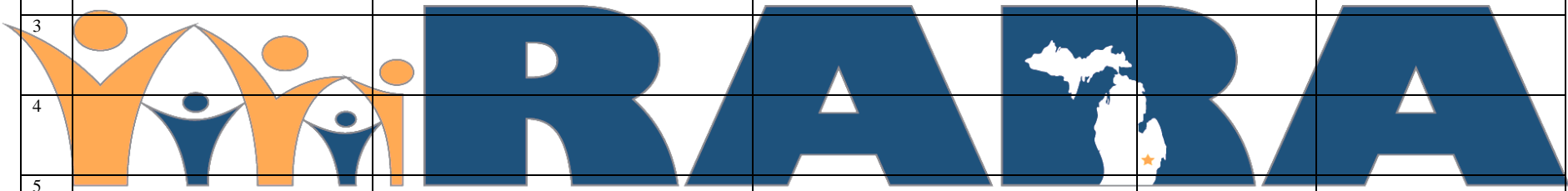

**RELEASE, INDEMNIFICATION & HOLD HARMLESS:**

The undersigned recognizes and acknowledges that there are certain inherent hazards and risks connected with activities and programs of the Rochester Avon Recreation Authority. The undersigned hereby (1) knowingly and voluntarily assumes full responsibility for such risks and hazards and, (2) agrees that I am bound by all terms and conditions of the Rochester Avon Recreation Authority rules and procedures. The undersigned is aware of the content of the programs and activities of the Rochester Avon Recreation Authority and hereby represents that the undersigned is physically, mentally and emotionally fit and capable of safely participating in such programs or activities. I agree as a condition of participation in programs or activities of the Rochester Avon Recreation Authority to release, defend, indemnify and hold harmless Rochester Avon Recreation Authority, its officers, agents, employees and volunteers harmless from and against any and all loss, judgments, damage and expense incurred by reason of any claim or liability based upon (1) personal injury (including death) or property damage to any person arising out of the negligent or intentional action of the undersigned, or (2) personal injury (including death) or property damage to the undersigned, except to the extent that such injury or damage is directly caused by the negligent acts or omissions of Rochester Avon Recreation Authority, its officers, agents, employees or volunteers.

TEAM NAME \_\_\_\_\_ MANAGERS NAME \_\_\_\_\_

MANAGERS EMAIL \_\_\_\_\_ (Needed for league Communication)

I have read, and understand the above stated rules for Softball. I hold my self responsible for any rule infraction, and understand the consequences.

	PLAYER'S NAME (PRINT)	PLAYERS SIGNATURE	Address/Zip	Phone	Email
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	PLAYER'S NAME (PRINT)	PLAYERS SIGNATURE	Address/Zip	Phone	Email
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