



## Adult Softball Roster

All information noted by an asterisk (\*) is mandatory and will be kept confidential.

Team Name*	Manager*	
Contact Number*	E-Mail*	
Mailing Address*	City	Zip

**By signing this form, I acknowledge the following:**

**WAIVER:** I voluntarily agree to participate in this or these programs, or any extensions thereof. I hereby waive, release, and hold harmless from any liability for damages or claims for damages for personal injury, including death, as well as from claims for property damage which may arise in connection with the above-named activity, against the Supervisor, the City of Santa Clarita and its elected and appointed officials, agents, and employees. I agree that the City of Santa Clarita will not assume responsibility for my injuries and that I am responsible for any and all costs incurred as a result of said treatment. I hereby give permission to the City of Santa Clarita Recreation and Community Services Department to use my photograph as they see fit in their seasonal recreational brochure or other advertising. I understand that all photographs belong to the City and I will not receive payment of any kind.

**CODE OF CONDUCT:** I acknowledge and agree to abide by the policies and conditions of the City of Santa Clarita Recreation and Community Services, "Adult Sports Code of Conduct."

**\*\*Minimum 10 players are required - Please write legibly\*\***

First Name*	Last Name*	Signature*	Phone Number*	Email Address*
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