



Women's Basketball – Fall 2017

Roster / Liability Waiver and Indemnification Agreement

I attest to being in good physical health and that I have no physical or health restrictions that would inhibit me from participating in this program. I hereby assume the risk for any and all liability arising from such activities. I agree to indemnify and hold harmless The City of Frederick and The City of Frederick Recreation Department and its agents and employees from any and all claims, suits, actions, causes of action, liabilities, damages and other claims and demands, arising out of, resulting from, or in connections with my participation in this program. As all physical activities present certain inherent risks and dangers, The City of Frederick Recreation Department suggests that the participant consult with his/her physician prior to participating in any physical activity program.

I have read the agreement, fully understand its terms, understand that I have given up substantial rights by signing and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

The City of Frederick reserves the right to verify address information for City / Non-City status of any participants. By signing this form you understand and agree to the contents of this waiver. Please fill out clearly.

Team Name: _____ Team Color: _____ Season: **2017 Fall**

	Player Name (Printed)	Player Signature	Contact Info (e-mail, phone or address #, must provide one)	DOB
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