



City of Plano

ADULT BASKETBALL **TEAM ROSTER**
and RELEASE and INDEMNIFICATION AGREEMENT

(Circle Day of Play) Monday Tuesday Thursday

Team Name _____

NAME (print or type)	PLAYER'S SIGNATURE FOR RELEASE	HOME ADDRESS (street, city, & zip)	HOME PHONE
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- 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 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 hereby waive all claims, release, indemnify, defend and hold harmless the City of Plano and all of its agents, for any and all liability, claims, suits or demands, or causes of action, including all expenses of litigation and/or settlement which are related to or arise by reason of, injury to, or death or debt of any person, including but not limited to myself, or for loss of, damage to, or loss of use of any property arising out of, resulting from, or in connection with my participation in the Program(s).
- I will, without limitation, assume and pay all medical and emergency expenses in the event of an accident, injury, illness, or other incapacity, regardless of whether I have authorized such expense.
- I agree that City, its officials, employees, agents, and representatives have the authority to use pictures of me taken at any City of Plano event. The pictures may be taken and used without my knowledge or payment to me.

Team Manager's Name (print) Signature of Team Manager Home Phone Work Phone

Manager's Street Address (print) City Zip (If applicable) Minister's/Personnel/Director's Sig.

Please turn in original roster at the Adult Sports Office, 1409 Avenue, M-F, 8:00 a.m.–5:00 p.m. before your second game or to a scorekeeper or to a Recreation Center staff member.