

411 Second Street • Solvang, California 93463 • Telephone (805) 688-7529 • FAX (805) 693-0339

Always exhibit sportsmanship and honesty. And have some fun.

TEAM ROSTER-LIABILITY RELEASE

The undersigned hereby releases, waives, discharges and covenants not to sue the City of Solvang, its employees, officers and agents (hereinafter referred to as 'releasees') from all liability to the undersigned, his or her personal representatives, assigns, heirs and next of kin for any loss, damage, or claim therefore on account of injury to the person or property of the undersigned, whether caused by any negligent act or omission of the releasees or otherwise while the undersigned is participating in the City activity or using any City facilities, owned, rented or otherwise in connection with the activity. The undersigned hereby agrees to indemnify and hold harmless the releasees from all liability, claims, demands, causes of action, charges, expenses, and attorney fees...resulting from involvement in this activity whether caused by any negligent act or omission of the releasees or otherwise. The undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage while upon City property or participating in the activity or using City facilities, owned, rented or otherwise, and equipment whether caused by any negligent act or omission of releasees or otherwise. The undersigned expressly agrees that the foregoing release and waiver, indemnity agreement and assumption of risk are intended to be as broad and inclusive as permitted by California law. As manager named, I agree to adhere to all rules and regulations set forth above and take full responsibility that my players understand and accept them as well and that their signatures below are true and for those that are unsigned I shall take full responsibility.

UNSIGNED OR ILLEGAL PLAYERS/MANAGER ARE SUBJECTING TEAM TO A FORFEIT AND POSSIBLE FURTHER ACTIONS.

TEAM NAME: _____

MANAGER: _____ **SIGNATURE:** _____ **PHONE:** _____

ADDRESS/CITY/ZIP: _____ **DATE:** _____

E-MAIL ADDRESS: _____

PLEASE FILL IN FORM COMPLETELY & PRINT LEGIBLY

MAXIMUM ROSTER LIMITS: MEN'S-18 COED-18

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