DIXON PARK DISTRICT TEAM ROSTER

		TEAM ROS	STER			
League:		Team Name:				
Captain:		Cell Phone:				
Address: Co-Captain: Address: League Deposit Paid: \$ Date:		E-mail: Cell Phone:				
						E-mail:
		Waiver of Liability For good and valuable consideration, the undersigned hereby releases the Dixon Park District; all of its cooperating agencies; and the elected commissioners, administrative officers; and instructors and agents of said parties, from any and all claims of whatever nature for any injury, loss, damage, accident or expense arising from or out of the participation in the Dixon Park District Sport Leagues, and further agrees to indemnify and hold harmless all of said parties above enumerated against claims and for all costs and reasonable attorney's fees arising out of or in any way connected with the participation in the Dixon Park District Sport Leagues. The undersigned hereby releases and agrees to indemnify and hold harmless all of said parties above in regards to person or persons the undersigned includes or invites to participate with them in any activity.				
		PLEASE PRINT A PLAYER'S NAME	ND COMPLETE ALL ADDRESS		By signing below, you agree SIGNATURE	e to the above waiver. PHONE
PLATER 3 NAME	ADDRESS,	, CITT	SIGNATURE	FHONE		