Gorham Parks & Recreation Department

Adult Co-ed Softball 2016

$350.00 per team
Check made payable to:
Gorham Recreation Dept.

TEAM NAME	
TEAM MANAGER	
MANAGER CONTACT #	

All players <u>must</u> be on roster to play.
Please notify the Rec Dept of changes.

PLAYER'S NAME	PLAYER'S NAME

EMERGENCY TREATMENT, RELEASE & WAIVER AGREEMENT:

** I am aware of the hazards of the activity / sport and the risk of injury in this athletic program. I certify that I am in good physical condition and am able to safely participate in this physical activity / sport.
** I assume all risks and hazards incidental to such participation, including transportation to and from activities, and do hereby waive, release, indemnify and agree to hold harmless the Town Recreation Department, volunteers and staff, team or league sponsors from all liability for any and all loss or damage, and any claim arising out of injury to myself or property damage that might occur, whether caused by negligence of the Town, agents or employees, or during participation.
** In case of emergency, I hereby give my permission to the medical personnel selected by the manager and staff, to act as my agent to hospitalize, secure proper treatment for, to order x-rays, routine tests, or other medical treatment for myself.