

Bouse Sports Complex/City of Choctaw
Amateur Sports
Roster, Waiver and Release of Liability

Team Name: _____ Age Group: _____ Team Manager: _____

Address: _____ City/State/Zip: _____

In consideration of being allowed to participate in any way with Bouse Sports Complex/City of Choctaw Choctaw, Oklahoma and/or any Sports Complex, practice fields owned or leased by City of Choctaw or in connection with any of the above, the undersigned;

- 1) Acknowledge and fully understand that each participant will engage in activities that involve risk of serious injury including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inaction's, or negligence of others, the rules of play, or the conditions of the premises or of any equipment used. Further that there may be other risks not known to us or not reasonably foreseeable at this time.
- 2) Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability, or death.
- 3) Release, waive, discharge, and covenant not to sue *Bouse Sports Complex/City of Choctaw* their respective administrators, directors, agents, volunteers, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of the premises used to conduct the event, all of which are hereafter referred to as "released" from any and all liability to each of the undersigned, his or hers heirs and next of kin for ant and all claims, demands, losses, or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or part by the negligence of the release or otherwise.
- 4) Release, waive and
- 5) Authorize *Bouse Sports Complex/City of Choctaw* to use photographs of yourself (adult player) or your child for promotional purposes.

Legal Birth Name of Player and Date of Birth	Player (18yrs old) or Parent or Legal Guardian Name (Please Print)	Player (18yrs old) or Parent or Legal Guardian Signature
1.		
2.		
3.		
4.		
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17.		
18.		

TEAM MANAGER'S AFFIDAVIT- I am the manager of the above mentioned team & say that all the information supplied above is correct to the best of my knowledge & that all the players and or legal guardian signed the above in their handwriting & they are eligible by age requirements to compete with my team.

Manager's Name (Print) _____ City _____
 Manager's Signature _____ State & Zip _____
 Manager's Address (Print) _____ Home Phone _____ Cell Phone _____