Mark one box:

Roster Addition ☐

Player Drop ☐

Player Transfer ☐

VACAVILLE

Community Services Department

"We Create Community Through People, Parks and Programs"

FOR OFFICE USE ONLY:

Date Received _____

Approved By _____

PLAYER ADDITION / DROP / TRANSFER

Team Name	Previous Team
League/Night	League/Night
Manager's Signature	Manager's Signature

ALL ADULT SPORTS PROGRAM PARTICIPANTS MUST SIGN THE CITY OF VACAVILLE TEAM ROSTER AND LIABILITY RELEASE/MEDICAL TREATMENT CONSENT (see reverse side of this form) TO BE ELIGIBLE FOR ANY AND ALL LEAGUE PLAY.

Last Name	First Name	Birthdate	Home Phone
Home Address	City	Zip	Cell Phone
League Play: Highest Level played since January 1, 2006 Lower Middle Upper	Men's Women's Mixed		☐ Did not play
Tournament Play: Classification Lower Middle Upper	Affiliation: USSSA ASA		☐ Do not play tournaments
Player's Signature			Date

Policy of Non-Discrimination on the Basis of Disability

The City of Vacaville is committed to providing meeting facilities that are accessible to persons with disabilities. To request meeting materials in alternative formats, or to request a sign language interpreter, real-time captioning, or other accommodation, call 707-449-5409 (or 707-449-5162–TTY) at least four days prior to the meeting. Assistive listening devices may be obtained at the meeting or by calling the numbers above.

LIABILITY RELEASE, MEDICAL RELEASE,
AND INDEMNIFICATION AGREEMENT

In consideration for being permitted by the City of Vacaville ("City") to participate in the above-described program and/or activity ("Recreation Program"), I hereby waive, release and discharge any and all claims and damages for personal injury, death, or property damage which I may sustain or which may occur as a result of my participation in said Recreation Program.

I understand and agree that:

1. This release is intended to discharge in advance the City and its officers, officials, employees, contractors, agents and volunteers ("City personnel") from and against all liability arising out of or connected in any way with my participation in said Recreation Program;
2. Participation in said Recreation Program may be of a hazardous, strenuous, and/or physical nature and may involve interaction with other participants;
3. Participation in said Recreation Program may involve risk of serious injury, disability, or death, or property damage and loss, which may result not only from each participant's actions, inactions, or negligence, but also from the actions, inactions or negligence of others, including the actions, inactions or negligence or other legal fault of the City and/or City personnel, or from the conditions of the facilities, equipment, or areas where said Recreation Program is being conducted, or from the unavailability of emergency medical care;
4. Knowing the risks involved, I nevertheless voluntarily requests permission to participate in said Recreation Program;
5. I hereby assume any and all risks of injury, death or property damage arising out of or connected in any way with my participation in said Recreation Program;
6. I hereby release, discharge and absolve the City and all City personnel in advance from and against any and all liability, injury, or damage arising out of or in connection with my participation in said Recreation Program, or the failure on the part of the City and/or City personnel to comply with any obligations related to said Recreation Program, even though that liability, injury, or damage may arise out of the negligence or other legal fault of the City and/or City personnel;
7. I will indemnify and hold the City and all City personnel harmless from any loss, liability, damage, cost or expense, including litigation, arising out of or connected in any way with my participation in said Recreation Program;
8. I am in good health and have no physical condition which would prevent safe participation in said Recreation Program; I acknowledge that I have the requisite skills, qualifications, physical abilities, and training necessary for proper and safe use of equipment and facilities and to participate in said Recreation Program; I agree to direct any such questions I may have as to as to what skills, qualifications or training is necessary to properly use the equipment, facility, or to participate in said Recreation Program to the on site program or activity supervisor, and agree to immediately report to the on site program or activity supervisor any unsafe condition observed by me and/or injury incurred by me;
9. I understand that the City provides no medical insurance for treatment of illness or injury and that any cost of treatment will be at my expense. I understand that the location of said Recreation Program or the nature of the injury or illness may require the use of emergency medical services. I hereby release, discharge and absolve the City and all City personnel from and against any and all liability, injury, or damage arising out of or connected with the use of such medical services;
10. I understand that City personnel may photograph or videotape me and that the City may use such photographs or videotapes to promote City programs and activities. I expressly allow, and hereby waive any objection to, the City's photographing or videotaping of myself when I am participating in said Recreation Program. I understand all photos and videotapes will remain the sole and exclusive property of the City of Vacaville;
11. I understand and agree that this release and indemnification agreement is intended to be as broad and inclusive as permitted under California law, and that if any portion of this release and agreement is invalid, the balance shall continue in full force and effect;
12. This release and indemnification agreement shall be effective and binding upon myself and my heirs, next of kin, family, relatives, guardians, conservators, executors, administrators, trustees and assigns.

I HAVE CAREFULLY READ THIS RELEASE AND INDEMNIFICATION AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY OF VACAVILLE. I VOLUNTARILY AGREE TO EACH OF THE TERMS AND PROVISIONS HEREIN AND SIGN THIS RELEASE AND INDEMNIFICATION AGREEMENT OF MY OWN FREE WILL.

SIGNED: _____ DATE: _____

Circle one: Registrant (18 & over) Senior (60+)

(Revised August 2007)