

Bossier Parks and Recreation Adult Team Roster and Insurance Waiver

ADULT BASKETBALL

TEAM NAME: _____ **LEAGUE:** _____

My undersigned signature confirms my understanding that participation in this leisure activity is on a voluntary, amateur basis and that there may be an element of risk involved. The City of Bossier City is not responsible for any injuries or accidents sustained and encourage all participants to obtain insurance for player protection. On behalf of myself, my heirs and my legal representative, I do hereby release and forever discharge the City of Bossier City and all its representatives from any and all claims and demands of every kind, nature and character, for any and all damages, losses, or injuries which I may sustain in connection with any aspect of participation in this voluntary amateur activity.

PLEASE PRINT LEGIBLY

Head Coach:	Home Phone:
Work Phone:	Cell Phone:

Asst. Coach:	Home Phone:
Work Phone:	Cell Phone:

PRINT NAME	SIGNATURE	PRINT NAME	SIGNATURE
1 _____	_____	16 _____	_____
2 _____	_____	17 _____	_____
3 _____	_____	18 _____	_____
4 _____	_____	19 _____	_____
5 _____	_____	20 _____	_____
6 _____	_____	21 _____	_____
7 _____	_____	22 _____	_____
8 _____	_____	23 _____	_____
9 _____	_____	24 _____	_____
10 _____	_____	25 _____	_____
11 _____	_____	26 _____	_____
12 _____	_____	27 _____	_____
13 _____	_____	28 _____	_____
14 _____	_____	29 _____	_____
15 _____	_____	30 _____	_____