

JRPD Recreation & Parks Department Official Adult Athletic Roster

Team Name _____ League _____ Coaches Name _____ Address _____

City/zip _____ Home Phone _____ Work or cell phone _____ Fax _____

Email Address _____

**PLEASE READ THE FOLLOWING WAIVER/RELEASE BELOW BEFORE SIGNING.
IMPORTANT NOTICE !!! PLAYERS ARE INELIGIBLE UNTIL ROSTER INFO. IS COMPLETED AND WAVIER
BELOW SIGNED.**

Waiver\Release for JRPD Adult Leagues

Waiver of Liability: I consent to the person's (below) participation in these activities and agree on behalf of said person and the undersigned that we assume the risk of accident or injuries sustained from whatever cause in connection therewith and release the City of Jackson, the Jackson Recreation and Parks and their officers, agents, and employees from any and all liability for such accident or injury. I understand that I am responsible for all registration policies and procedures outlined in the department brochure. I further understand the City of Jackson reserves the right to photograph facilities, activities, and program participants for potential future use. All photos will remain property of the City of Jackson Recreation and Parks Division and may be used for publicity or promotional purposes only.

- I agree to give my residential (home) address, on the roster, not my work address.
- I agree to play only for the team in which I am rostered. (exception: co-ed or Seniors)
- I agree to have a photo ID present at all games and to present it to any JRPD or game official if requested.
- I agree to sign waiver form and pay any fees before participating in any games.
- I agree to know and abide by the rules in the JRPD Local Rules book and the rulebook of the National association of the sport in which I participate.
- I agree to accept any disciplinary action for violating any of the terms of this waiver including, but not limited to any unsportsmanlike acts before, during or after games outlined in the JRPD Local Rules book or the rule book of the National Association of the sport in which I participate. I also understand that any disciplinary action taken will be the sole decision of the Superintendent of Athletics.

Signature of Participant

Signature of Participant

Signature of Participant

Signature of Participant

Signature of Participant

Signature of Participant

Signature of Participant

Signature of Participant

Signature of Participant

Signature of Participant

Signature of Participant

Signature of Participant

Signature of Participant

Signature of Participant

Signature of Participant

Signature of Participant

Signature of Participant

Signature of Participant

Signature of Participant

Signature of Participant

Signature of Participant

Signature of Participant

Signature of Participant

Signature of Participant