## LONGMONT RECREATION SERVICES – ROSTER FORM

TEAM NAME:		E:	PREVIOUS TEAM NAME:			SPORT/SEASON			
MAN	AGER:								
		Name Address			City/Zip				
		Email address		— Primary	Phone	Secon	dary Phone		
I,,			, as a representative of the team		, do hereby state that our team will abide by the City of Longmont Recreation				
Division	n policies a	and have read and understand the r	ules and regulations of this leagu				Data		
				-			Date:		
LIABI I unders its offic persona	LITY Wastand that theres, agents all injury or	AIVER here are certain risks involved wit , volunteers, assistants, or employ property damage to myself or oth agree to HOLD THE CITY OF L	h participation in any recreation ees, shall be held responsible or er person in whose behalf this fo	al activity. I expressly undo made subject to any claims orm is now signed as a resu	erstand, agree that neith , including any claim fo lt of actual or proposed	er the City of Longmor r negligence, seeking participation in the ab	ont Colorado, a municipal to assess damages or liabitove named programs. I, o	corporation, nor any o lity for or arising fron n behalf of myself and	
Res	NR NA	AME [please print legibly]	ADDRESS	CITY	ZIP	PHONE	BIRTHDATE	SIGNATURI	
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