



ADULT SPORTS ROSTER ADD/DROP FORM



TEAM NAME: _____ LEAGUE: _____ NIGHT: _____

LIABILITY WAIVER

I understand that there are certain risks involved with participation in any recreational activity. I expressly understand, agree that neither the City of Longmont, Colorado, a municipal corporation, nor any of its officers, agents, volunteers, assistants, or employees, shall be held responsible or made subject to any claims, including any claim for negligence, seeking or assess damages or liability for or arising from personal injury or property damage to myself or other person in whose behalf this is now signed as a result of actual or proposed participation in the above named programs. I, on behalf of myself and my child, hereby agree to HOLD THE CITY OF LONGMONT, ITS OFFICERS, AGENTS, VOLUNTEERS, ASSISTANTS, AND EMPLOYEES, HARMLESS ON ACCOUNT OF ANY SUCH CLAIM.

ADD TO ROSTER

NAME (Please Print)	Email Address	Phone*	Birthdate*	Signature*
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1. _____
2. _____
3. _____
4. _____
5. _____

* Required Information

DROP FROM ROSTER (Please Print)

1. _____
2. _____
3. _____
4. _____
5. _____

FOR OFFICE USE ONLY:

Date Received: _____

Time: _____

Amount Due: _____

Refund: _____

Received By: _____

Processed: _____