

**DES MOINES PARKS AND RECREATION**  
**OFFICIAL DES MOINES ATHLETIC LEAGUE ROSTER**



**Year** \_\_\_\_\_ **Sport** \_\_\_\_\_ **League Name** \_\_\_\_\_ **Team Name** \_\_\_\_\_

**Note:** I, the undersigned, agree as manager for the above named team, to inform my team members of all league and playing rules under which this league operates and in consideration for the right to use the facilities, I agree to observe these rules and comply with all equipment regulations. I further agree to be responsible for the conduct of team members and spectators before, during and after the game.

**Signature** \_\_\_\_\_ **Manager's Name** \_\_\_\_\_  
(Please Print)

**Home/Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Email Address** \_\_\_\_\_

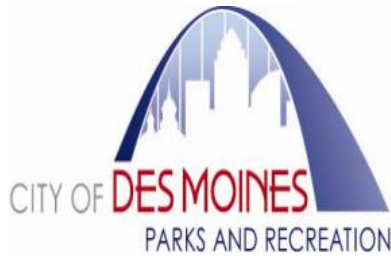
**Home Address** \_\_\_\_\_ **City** \_\_\_\_\_, **Iowa** **Zip Code** \_\_\_\_\_

*As a member of the above named team, my signature below shows my consent and agreement to the Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement and Photo Release on the back of this form. I have read and fully understand its terms, understand that I have given up substantial rights by signing it, and sign it voluntarily without assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the fullest extent permitted by law, including all acts of negligence by the City as stated on the back of this form. (Manager's must also sign the numbered roster below if they wish to play as a team member.)*

1. Name (PRINT) _____ Signature _____	Address _____ Email _____	Zip _____ Phone _____	Birth Date _____
2. Name (PRINT) _____ Signature _____	Address _____ Email _____	Zip _____ Phone _____	Birth Date _____
3. Name (PRINT) _____ Signature _____	Address _____ Email _____	Zip _____ Phone _____	Birth Date _____
4. Name (PRINT) _____ Signature _____	Address _____ Email _____	Zip _____ Phone _____	Birth Date _____
5. Name (PRINT) _____ Signature _____	Address _____ Email _____	Zip _____ Phone _____	Birth Date _____
6. Name (PRINT) _____ Signature _____	Address _____ Email _____	Zip _____ Phone _____	Birth Date _____
7. Name (PRINT) _____ Signature _____	Address _____ Email _____	Zip _____ Phone _____	Birth Date _____
8. Name (PRINT) _____ Signature _____	Address _____ Email _____	Zip _____ Phone _____	Birth Date _____
9. Name (PRINT) _____ Signature _____	Address _____ Email _____	Zip _____ Phone _____	Birth Date _____
10. Name (PRINT) _____ Signature _____	Address _____ Email _____	Zip _____ Phone _____	Birth Date _____
11. Name (PRINT) _____ Signature _____	Address _____ Email _____	Zip _____ Phone _____	Birth Date _____
12. Name (PRINT) _____ Signature _____	Address _____ Email _____	Zip _____ Phone _____	Birth Date _____
13. Name (PRINT) _____ Signature _____	Address _____ Email _____	Zip _____ Phone _____	Birth Date _____
14. Name (PRINT) _____ Signature _____	Address _____ Email _____	Zip _____ Phone _____	Birth Date _____
15. Name (PRINT) _____ Signature _____	Address _____ Email _____	Zip _____ Phone _____	Birth Date _____
16. Name (PRINT) _____ Signature _____	Address _____ Email _____	Zip _____ Phone _____	Birth Date _____
17. Name (PRINT) _____ Signature _____	Address _____ Email _____	Zip _____ Phone _____	Birth Date _____
18. Name (PRINT) _____ Signature _____	Address _____ Email _____	Zip _____ Phone _____	Birth Date _____
19. Name (PRINT) _____ Signature _____	Address _____ Email _____	Zip _____ Phone _____	Birth Date _____
20. Name (PRINT) _____ Signature _____	Address _____ Email _____	Zip _____ Phone _____	Birth Date _____

Any falsification of the above information can result in forfeiture of games and suspension of players on the team.

*(Revised 6/20/2011)*



## **CITY OF DES MOINES, IOWA**

### **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT AND PHOTO RELEASE**

**In consideration of my being permitted to participate in any way in this Program/Activity, I, for myself and all of my personal representatives, executors, administrators, heirs, next of kin, successors and assigns, herein referred to as "Releasers", do hereby:**

1. Acknowledge that this Activity carries with it the potential for serious injury; death and/or property damage, and certify as to my physical fitness and declare that I have not been advised otherwise by a qualified medical professional.
2. Acknowledge, agree, and represent that I will, at all times, be aware of the surroundings during the Activity and agree that if I consider anything related to this Activity to be unsafe, will immediately advise the Activity officials of such, and if necessary, will leave the area or refuse to participate further in the Activity.
3. Waive, release and discharge, and covenant not to sue, the City of Des Moines, Iowa, its elected and appointed officials, employees, volunteers, sponsors, and agents, including others who give recommendations, directions or instructions as part of this Activity, hereinafter referred to as "City", from any and all liability to Releasers for any and all loss or damage, and any claim or demands therefore, on account of injury to the person or property or resulting in my death arising out of or related to the Activity, including traveling to or from the Activity.
4. Agree to Indemnify and Save and Hold Harmless the City and each of them from any loss, liability, damage, or cost that they may incur arising out of or related to my participation in this Activity.
5. Assume full responsibility for any risk of bodily injury, death or property damage arising out of or related to the Activity.
6. Agree that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends *to all acts of negligence by the City, not including gross negligence and willful misconduct*, and is intended to be as broad and inclusive as is permitted by law including any governmental immunity afforded the City by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
7. Authorize any medical treatment, including the administration of anesthesia, deemed advisable by any licensed physician to relieve any injuries received or illness contracted by me as a participant in this Activity.
8. Authorize and consent to the City, its sponsors, and any news media, and their successors and assigns and those acting under their authority, to take, publish, use in any media, and copyright photographs, videotape or other and audio or visual media, including broadcast in any media, of me and agree that such may be used for any lawful purpose without further compensation or approval.

**I have read the Release and Waiver, Assumption of Risk and Indemnity Agreement and Photo Release, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it voluntarily without assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of all liability to the fullest extent permitted by law, including all acts of negligence by the City as stated above.**

**YOUR SIGNATURE ON THE FRONT OF THIS FORM SHOWS YOUR CONSENT AND AGREEMENT TO THE ABOVE.**

*(Revised 6/20/2011)*