

**OFFICIAL DES MOINES ATHLETIC LEAGUE ROSTER**

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

Manager's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_, Iowa Zip Code \_\_\_\_\_

**Email Address** \_\_\_\_\_

**NOTE:** I, the undersigned, agree that I am a member of the above named team. I am aware 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. **Further, I have read the Release and Waiver, Assumption of Risk and Indemnity Agreement on the back of this form, 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.**

**Signature** \_\_\_\_\_

**(Manager must also be listed below if he or she plays on the team.)**

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

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

## CITY OF DES MOINES, IOWA

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

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

1. Acknowledge that this Program/Activity may be a major test of a person's physical and mental limits and carries with it the potential for serious injury, death and/or property damage, and certify as to my physical fitness to participate 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 Program/Activity and agree that if I consider anything related to this Program/Activity to be unsafe, will immediately advise the Program/Activity officials of such, and if necessary, will leave the area or refuse to participate further in the Program/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 Program/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 death arising out of or related to the Program/Activity, including traveling to or from the Program/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 Program/Activity.
5. Assume full responsibility for any risk of bodily injury, death or property damage arising out of or related to the Program/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 and is intended to be as broad and inclusive as is permitted 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 as a participant in this Program/Activity.

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