

**LEE'S SUMMIT PARKS AND RECREATION DEPARTMENT
ADULT KICKBALL OFFICIAL TEAM ROSTER & WAIVER**

**PLAYER WAIVER, RELEASE OF LIABILITY
AND INDEMNIFICATION AGREEMENT**

TEAM NAME: _____
LEAGUE : _____
LEAGUE NIGHT: _____
MANAGER'S NAME: _____
MANAGER'S WORK (DAY) PHONE: _____

**THIS WAIVER MUST BE TURNED IN BEFORE THE START OF YOUR FIRST GAME.
PLAYERS MAY NOT BE ADDED TO THE WAIVER UNTIL THE START OF YOUR 3rd GAME.**

**TO BE ELIGIBLE TO PARTICIPATE WITH THE ABOVE NAMED TEAM,
HE/SHE MUST HAVE COMPLETED THE WAIVER IN FULL.**

I, the undersigned player, agree that in consideration for the right to play as a member of the team designated below and in consideration for permission to play on the fields arranged for by the team or tournament:

- 1) I voluntarily elect to accept and assume all risks and injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the fields arranged for by my team or tournament for practice of play.
- 2) I release, discharge and agree not to sue the team and tourney listed, field owner, Amateur Softball Association or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, tournament, field or A.S.A. for any claim, damages, costs or cause of action which I have sustained or incurred to me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Name (Please Print)	Address	City/State	Zip	Email Address	Signature	Date
1. Mgr.						
2.						
3.						
4.						
5.						
6.						
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12.						
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15.						