

**TEAM ROSTERS- WAIVER AND TO USE GYM FOR ADULT BASKETBALL LEAGUE IN SIGNING UP FOR ADULT LEAGUES.**

Participation in this activity may involve risk of injury. To my knowledge I (or my ward) have no health impairment which might interfere with or preclude any participation in the above described activity. As a parent, guardian or participant, I am aware of these hazard sand my (or my ward's) ability to participate. I hereby agree to release, discharge and hold harmless the City of Westfield, its employees, contracted instructors and volunteers from any liabilities which may occur from participating in the activity. I understand that participation in any recreational or sport activity involves risk. I further understand that the City of Westfield does not provide accident/medical insurance for program participants.in addition, I give permission for the child(ren/Adults) to be treated by qualified medical personnel in the event that the above named parent/guardian can not be reached at the phone numbers provided.

**ALL ADULT PARTICIPANTS MUST SIGN BELOW.**

**Team Captain hands in with registration forms before first practice. Or before program starts. Supervisor or Instructor on site**

Participant Name-Print	Date	I have read above agreement waiver	Phone#	Signature

<b>Participant Name-Print</b>	<b>Date</b>	<b>I have read above agreement waiver</b>	<b>Phone#</b>	<b>Signature</b>