

CARROLL COUNTY SPORTS COMPLEX

Carroll County Department of Recreation and Parks
 2225 Littlestown Pike
 Westminster, Maryland 21158
 Phone 410-857-4832

Team Name:		
Manager:		
E-mail:	Phone:	
Address:		
Asst. Manager:	Phone:	
Division: (mark one)	SUNDAY	FRIDAY

2011 TEAM ROSTER – CO-ED LEAGUE

LIABILITY – ASSUMPTION OF RISK AND RELEASE OF

It is expressly agreed that all use of Carroll County Sports Complex facilities shall be undertaken by our team and its members at their sole risk, and the park shall not be subject to any claim, demand, or for any loss, damage, injury, or death caused to any team member, team member's family or team members spectators, from any cause does hereby expressly forever release and discharge the park, its agents, employees, successors and assigns, for all such claims, demands, injuries, damages, rights or causes of accident.

It is further agreed that as a participant in Carroll County Sports Complex leagues, tournaments, and special events, our team and its members the undersigned knowingly and voluntarily assume any and all risk inherent to our participating and agree to abide to all regulations establish by the Carroll County Sports Complex, and the Independent Softball Association (ISA).

Our team and its members further waive any right to claim against Carroll County Sports Complex, Carroll County Government, their officials, volunteers, agents or employees for loss of life, bodily injury, property damage and/or loss, or personal loss that may be sustained as a result of my participating in Carroll County Sports Complex leagues, tournaments, and special events.

Carroll County Sports Complex shall not be responsible for articles lost, stolen or damaged in the park or on the premises.

All players and team personal will allow the use of their photo to be used on the Sports Complex website or other websites and publications used for advertising Sports Complex activities and events.

Our team and its members agree to adhere to all rules, regulations, and instructions pertaining to the event. Failure to comply could disqualify our team from participation in this event. I understand and except the risks and requirements of this activity.

All players under 18 **MUST** have a parent sign the roster, a maximum of 25 players per team. Rosters must be turned in by first game of season, **NO EXCEPTIONS**. All roster changes made after the initial roster submission must be given to the Carroll County Sports Complex Manager.

Manager's Statement

I acknowledge that, in consideration for our being allowed to use the Carroll County Sports Complex facilities, it is my responsibility to ensure that all players have read and understand the ISA rules and Carroll County Sports Complex league rules and have signed liability/injury waiver. I also understand any player who has not signed can be considered an illegal player, which may result in forfeiture. I further agree to defend and indemnify Carroll County Sports Complex and Carroll County Government from any claim or suit that any unsigned player may bring.

Player's Name	Phone	Player's Signature	Date
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**I REPRESENT TO CARROLL COUNTY SPORTS COMPLEX THAT EACH
PLAYER HAS SIGNED THE TEAM ROSTER/INJURY WAIVER.**

TEAM MANAGER'S SIGNATURE _____

DATE _____