YORK SUMMER GAMES TEAM ROSTER

Team Name_____ Team Captain_____Phone_____Email_____

Mandatory Team Captain meeting Wednesday, July 8th at 5:30pm. Points will apply.

Please read the following waiver – Your signature on this roster below signifies you have read the waiver and agree to its contents!

I wish to use recreational facilities of the City of York, and any other grounds/facilities in York for the York Summer Games, and I understand the use of such recreational facilities presents potential risk of physical injury and/or death. In consideration of this risk I hereby waive any and all claims on behalf of myself, my heirs, agents & representatives for any injury, death or property damage which I may suffer while I use any recreational facilities during the Summer Games. Further, I agree to release the City of York, York Chamber of Commerce, & all other Summer Games sponsors, their officials & employees, volunteers, and their insurers, agents & representatives from all liability to myself, my estate & heirs, agents & representatives, for all losses, damages or injuries that might be claimed as a result of any personal injury, death or property damage that I might suffer while I use these recreational facilities. I am more than 19 years old and I understand that signing this Release/Waiver, I give up my right to bring claim or suit or recover any compensation as explained above. I sign this Waiver/Release voluntarily and with full understanding of the consequences.

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Player's Name (please print)	Address	Phone Number	Email	Adult Shirt Size	Waiver Signature