

**THIS SECTION MUST BE COMPLETED BY ALL PLAYERS LISTED ON THE ROSTER PRIOR TO PARTICIPATION
RELEASE OF LIABILITY AGREEMENT**

In consideration of being allowed to participate in any way in the San Diego Adult Basketball League programs, related events and activities, I, the Undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the many of the activities is significant, including the potential for permanent paralysis and death, and while particular skills, rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** San Diego Adult Basketball League and The City of San Diego, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, umpires, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE,** to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

ALL PRINTED NAMES MUST HAVE A CORRESPONDING SIGNATURE

PRINT or TYPE First & Last Name	SIGNATURE
1.	
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ADULT BASKETBALL ROSTER

TEAM NAME: _____

****Please Complete ALL Information CLEARLY — INCLUDING BACK SIDE****

PRINT NAME	ADDRESS	CITY/ZIP	DAY PHONE
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3.			()
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CHECK _____ All of the above listed players are covered by personal medical or health insurance, therefore we are waiving the Player's Medical Benefit Fund (PMBF)

ONE: _____ We are purchasing the Player's Medical Benefit Fund at a cost of \$ _____ per team.

Manager's Printed Name: _____ Day Phone: () _____

Manager's Signature: _____ Date _____ / _____ / _____

-See Back Side