CCAC

City-County Athletic Complex League Roster

TEAM NAME: _____ **LEAGUE:** _____

PLEASE READ BEFORE SIGNING

WAIVER OF LIABILITY

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate and agree that:

1) The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death.
2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLEGENCE OF THE RELEASEES or others, and assume full responsibility for my participation.
3) I willingly agree with the terms and conditions for participation. I will remove myself from participation and bring such to the attention of the nearest official immediately.
4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE CCAC, its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and if applicable, owners and lessors of the premises used to conduct the event (RELEASEES), FROM ANY AND all claims, demands, losses or damage to persons or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent of the 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 BELOW, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT

NAME	SIGNATURE	STREET ADDRESS	CITY/ST/ZIP	PHONE	EMAIL	EMPLOYER