

**CITY OF LIVINGSTON RECREATION DEPARTMENT
CONTRACT & TEAM ROSTER**

Sport_____

Team Name:_____ Date:_____ Fee:_____

Manager:_____ Hm#_____ Cell/Work#_____

Address:_____ City_____ Zip_____

Assistant Manager:_____ Hm#_____ Cell/Wk#_____

In Consideration of being permitted to participate in the above Recreation Activity, I with the intent of binding myself, my spouse (if any) and my heir, legal representatives, and assigns, release and discharge the City of Livingston, Merced Union High School District, and Livingston Elementary School District from any legal liability or responsibility from all injuries or damages, suffered by me while participating in the Recreation activity in the above name Sports League during the year _____and sponsored by the Livingston Recreation Department.

I further agree to hold the City of Livingston, Merced Union High School District, and Livingston Elementary School District harmless and to indemnify the said City and above name from any liability, if any, arising out of any claim made by or on behalf of myself arising out of the activity heretofore set forth.

I understand that in signing this release I do not exempt or release the City, it's Councilpersons, employees, agents, assigns or the Recreation Program sponsors from responsibility for any fraud, willful injury, or willful injury, or willful or negligent violation of the law committed by any such persons.

I further understand that "THE CITY OF LIVINGSTON DOES NOT HAVE OR PROVIDE MEDICAL OR ACCIDENT INSURANCE FOR PERSONS INVOLVED IN PROGRAMS SPONSORED BY THE RECREATION DEPARTMENT. INSURANCE RESPONSIBILITIES LIE WITH EACH INDIVIDUAL ON A TEAM."

I hearby subscribe my name below in the column for signatures and by doing so certify that I have read and understand the above statement and that the information supplied on this roster is correct to the best of my knowledge. Additionally, I have read the rules and guidelines and will comply with them.

PLAYER'S NAME (PRINT)	PLAYERS SIGNATURE	RESIDENT CITY	PHONE #	AGE

I certify that all of the above information listed players conform to the rules and regulations set forth by the Livingston Recreation Dept. Falsifications of any names, ages or signatures will constitute forfeiture of league fee and right to play in the league. I further understand that if my team is removed from the league due to a violation of league rules, my team fee is non refundable.

SIGNED:_____, Manager DATE:_____