

SCHEDULES	CAPT. MTG.	CC	CASH	CHECK #	RCPT #
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**KNIGHTDALE PARKS & RECREATION DEPARTMENT
2010 ADULT KICKBALL REGISTRATION**

PLAYER'S NAME: _____ **DATE OF BIRTH:** ____/____/____ **SEX:** M F
(PRINT)

Team/Coach _____

MAILING ADDRESS: _____ **ZIP:** _____

PRIMARY PHONE: _____ **SECONDARY PHONE:** _____

E-MAIL _____

Waiver, Release of Liability and Indemnification Agreement

I, the undersigned player, acknowledge, agree and understand that:

1. I understand that there are certain risks and hazards involved in participating in sports that may result in injury or death to me or other players, including but not limited to those hazards associated with weather, field/facility conditions, equipment, and other participants.
2. I understand that the very nature of athletic events is hazardous or risky, including, but not limited to the acts of pitching, throwing, fielding and catching the ball, the swinging of the bat, running, jumping, stretching, sliding, diving and collisions with other players or stationary objects, all of which can cause serious injury or death to me and to other players.

Furthermore, I, the undersigned player, agree that in consideration for the right to play as a member of a designated team and in consideration for permission to play at the facility arranged for by the team or league:

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by players on my team and while on or upon the premises of any and all of the facilities arranged for by my team or league for practice or play.
2. I release, discharge and agree not to sue the team designated on this roster, the Town of Knightdale, the field owner, or their owners, officers, agents, servants, associations, employees or any person or entity connected with the team, league or facility for any claim damages, costs or cause of action which I have or may have in the future as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

I WOULD LIKE TO VOLUNTEER AS:

COACH ASSISTANT COACH

SIGNATURE OF PLAYER _____ DATE _____

Insurance Company _____

MAKE CHECKS PAYABLE TO: KNIGHTDALE PARKS AND RECREATION \$ 25.00

MAIL REGISTRATION AND PAYMENT TO:

**KNIGHTDALE PARKS & RECREATION DEPARTMENT
950 STEEPLE SQUARE CT.
KNIGHTDALE, NC 27545**

FOR FURTHER INFORMATION, PLEASE CALL THE PARKS & RECREATION DEPARTMENT AT 217-2231.