FORSYTH COUNTY PARKS AND RECREATION DEPARTMENT

ADULT CHURCH LEAGUE ROSTER

TEAM NAME:_____

MANAGER:_____PHONE:_____EMAIL:_____

ASST. MANAGER:_____ PHONE:_____ EMAIL:_____

Waiver: I the undersigned, assume all risks and hazards incidental to participation, including transportation to and from this activity, and do hereby, for myself, my child, my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless the Forsyth County Government, Forsyth County Parks and Recreation Department and its representatives, sponsors, affiliated associations, organizers, officers, officials and participants for any and all damages suffered by myself or my child in connection with this activity. Also, I agree that I will play for the above named team and will abide by all the rules and policies outlined in the local and national rules and set by the Forsyth County Parks and Recreation Department.

MINISTER	PLAYER NAME	DOB	ADDRESS	SIGNATURE