

LEWISTON PARKS & RECREATION BASKETBALL 2020-2021

TEAM NAME:

PLEASE Type or Print Clearly!

MANAGER'S NAME

EMAIL ADDRESS:

ADDRESS:

CITY:

ZIP:

CELL PHONE:

HOME PHONE:

WORK PHONE:



PLAYER WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

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

- 1) *I voluntarily and of my own free will, elect to participate as a member of the basketball team and in the league as indicated above.*
- 2) *I understand that there are certain inherent risks and hazards involved in participation that may result in injury or death to me and/or other players.*
- 3) *I release, discharge and agree not to sue the team, sponsors, officials, field/court owners, and/or the City of Lewiston.*

PLAYER NAME	ADDRESS	CELL PHONE	SIGNATURE	SHIRT SIZE
1.				
2.				
3.				
4.				
5.				
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7.				
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9.				
10.				
11.				
12.				