

WEST DES MOINES PARKS AND RECREATION DEPARTMENT

Official Softball Team Roster

NAME OF TEAM _____ LEAGUE _____
NAME OF MANAGER(print) _____ SIGNATURE _____
MAILING ADDRESS _____
CITY _____ ZIP _____
HOME PHONE _____ WORK PHONE _____

(Managers name must be listed below if playing on the team)

*** READ BEFORE SIGNING ROSTER ***

The undersigned, being of legal age and in consideration of the opportunity to participate in the activities identified above, hereby agree to assume full responsibility for any risk resulting from participation in any activity and I further agree to release, acquit and forever discharge the City of West Des Moines, its Mayor, Council Members, employees, department heads, departmental members, agents, representatives, citizens, taxpayers and attorneys, from any and all liability claims, cause of action demands, expenses of every kind which may arise out of or relate to the activity that is the subject matter of this executed form. I further acknowledge that this release of liability is full, complete, comprehensive and plenary and covers all injuries, damages, losses, known and unknown, accrued and unaccrued, which may hereafter develop arising out of or otherwise related to the activities that are the subject matter of this agreement.

In consideration of my own or my child's participation in the Parks and Recreation (hereinafter referred to as "P&R") program or activity through the City of WDM, Iowa (hereinafter referred to as "City"), we hereby release the City, its officials, employees, representatives, and agents from any and all accidents, injuries, damages, or losses received by my child or my myself through the P&R program that have not been caused by negligence attributable to the City. I further understand and assume the risk that I, or my child, may have contact with individuals which have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies that exist, and it is impossible to eliminate the risk that I could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease, or equipment or facilities that have been handled by such persons. Consequently, there is some risk of infection through such possible exposure(s). I understand and expressly assume said risks. I further agree and acknowledge that this release of liability is full, complete, and comprehensive, and it covers all accidents, injuries, damages, or losses, known or unknown, and any and all costs related thereto arising out of or otherwise related to my child's participation or my own participation in programs or activities, and that this release is binding upon our heirs, successors, and assigns. We certify that my child and/or myself has received a proper physical examination within the past year and that we are physically able to participate in all P&R activities. We understand that it is our obligation to timely inform P&R of any restrictions or limitations regarding our physical abilities. We also understand that it is our obligation to follow all regulations and rules set forth by P&R in the performance of the activities. We hereby release, indemnify, and hold harmless the City, its officials, employees, representatives, and agents from any and all claims, settlements, and judgments, including all reasonable investigative fees, attorney's fees, and court costs for any injury, damage, or loss, which is due to or arises in whole or in part due to negligent, reckless, or intentional actions taken by my child or by myself.

MINIMUM OF 13 AND MAXIMUM OF 20 PLAYER ON ROSTER

*Please place asterisk next to Returning Players

1. Name (print) _____ Signature _____
Returning 50+ Current Home Address _____
B-day Zip Code _____ Home Phone _____ Work Phone _____
2. Name (print) _____ Signature _____
Returning 50+ Current Home Address _____
B-day Zip Code _____ Home Phone _____ Work Phone _____
3. Name (print) _____ Signature _____
Returning 50+ Current Home Address _____
B-day Zip Code _____ Home Phone _____ Work Phone _____
4. Name (print) _____ Signature _____
Returning 50+ Current Home Address _____
B-day Zip Code _____ Home Phone _____ Work Phone _____
5. Name (print) _____ Signature _____
Returning 50+ Current Home Address _____
B-day Zip Code _____ Home Phone _____ Work Phone _____
6. Name (print) _____ Signature _____
Returning 50+ Current Home Address _____
B-day Zip Code _____ Home Phone _____ Work Phone _____
7. Name (print) _____ Signature _____
Returning 50+ Current Home Address _____
B-day Zip Code _____ Home Phone _____ Work Phone _____
8. Name (print) _____ Signature _____
Returning 50+ Current Home Address _____
B-day Zip Code _____ Home Phone _____ Work Phone _____

WEST DES MOINES PARKS AND RECREATION DEPARTMENT

Official Softball Team Roster (Cont.)

***** READ BEFORE SIGNING ROSTER *****

The undersigned, being of legal age and in consideration of the opportunity to participate in the activities identified above, hereby agree to assume full responsibility for any risk resulting from participation in any activity and I further agree to release, acquit and forever discharge the City of West Des Moines, its Mayor, Council Members, employees, department heads, departmental members, agents, representatives, citizens, taxpayers and attorneys, from any and all liability claims, cause of action demands, expenses of every kind which may arise out of or relate to the activity that is the subject matter of this executed form. I further acknowledge that this release of liability is full, complete, comprehensive and plenary and covers all injuries, damages, losses, known and unknown, accrued and unaccrued, which may hereafter develop arising out of or otherwise related to the activities that are the subject matter of this agreement.

In consideration of my own or my child's participation in the Parks and Recreation (hereinafter referred to as "P&R") program or activity through the City of WDM, Iowa (hereinafter referred to as "City"), we hereby release the City, its officials, employees, representatives, and agents from any and all accidents, injuries, damages, or losses received by my child or myself through the P&R program that have not been caused by negligence attributable to the City. I further understand and assume the risk that I, or my child, may have contact with individuals which have been exposed to and/or have been diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies that exist, and it is impossible to eliminate the risk that I could be exposed to and/or become infected through contact with or close proximity with an individual with a communicable disease, or equipment or facilities that have been handled by such persons. Consequently, there is some risk of infection through such possible exposure(s). I understand and expressly assume said risks. I further agree and acknowledge that this release of liability is full, complete, and comprehensive, and it covers all accidents, injuries, damages, or losses, known or unknown, and any and all costs related thereto arising out of or otherwise related to my child's participation or my own participation in programs or activities, and that this release is binding upon our heirs, successors, and assigns. We certify that my child and/or myself has received a proper physical examination within the past year and that we are physically able to participate in all P&R activities. We understand that it is our obligation to timely inform P&R of any restrictions or limitations regarding our physical abilities. We also understand that it is our obligation to follow all regulations and rules set forth by P&R in the performance of the activities. We hereby release, indemnify, and hold harmless the City, its officials, employees, representatives, and agents from any and all claims, settlements, and judgments, including all reasonable investigative fees, attorney's fees, and court costs for any injury, damage, or loss, which is due to or arises in whole or in part due to negligent, reckless, or intentional actions taken by my child or by myself.

MINIMUM OF 13 AND MAXIMUM OF 20 PLAYER ON ROSTER

***Please place asterisk next to Returning Players**

_____ 9. _____	Name (print) _____	Signature _____	
Returning 50+	Current Home Address _____		
B-day	Zip Code _____	Home Phone _____	Work Phone _____
_____ 10. _____	Name (print) _____	Signature _____	
Returning 50+	Current Home Address _____		
B-day	Zip Code _____	Home Phone _____	Work Phone _____
_____ 11. _____	Name (print) _____	Signature _____	
Returning 50+	Current Home Address _____		
B-day	Zip Code _____	Home Phone _____	Work Phone _____
_____ 12. _____	Name (print) _____	Signature _____	
Returning 50+	Current Home Address _____		
B-day	Zip Code _____	Home Phone _____	Work Phone _____
_____ 13. _____	Name (print) _____	Signature _____	
Returning 50+	Current Home Address _____		
B-day	Zip Code _____	Home Phone _____	Work Phone _____
_____ 14. _____	Name (print) _____	Signature _____	
Returning 50+	Current Home Address _____		
B-day	Zip Code _____	Home Phone _____	Work Phone _____
_____ 15. _____	Name (print) _____	Signature _____	
Returning 50+	Current Home Address _____		
B-day	Zip Code _____	Home Phone _____	Work Phone _____
_____ 16. _____	Name (print) _____	Signature _____	
Returning 50+	Current Home Address _____		
B-day	Zip Code _____	Home Phone _____	Work Phone _____
_____ 17. _____	Name (print) _____	Signature _____	
Returning 50+	Current Home Address _____		
B-day	Zip Code _____	Home Phone _____	Work Phone _____
_____ 18. _____	Name (print) _____	Signature _____	
Returning 50+	Current Home Address _____		
B-day	Zip Code _____	Home Phone _____	Work Phone _____
_____ 19. _____	Name (print) _____	Signature _____	
Returning 50+	Current Home Address _____		
B-day	Zip Code _____	Home Phone _____	Work Phone _____
_____ 20. _____	Name (print) _____	Signature _____	
Returning 50+	Current Home Address _____		
B-day	Zip Code _____	Home Phone _____	Work Phone _____