

CITY OF OREM Recreation Department Basketball Roster

| TEAM NAME | | | | |
|-----------------------------------|-----------------|--|--|--|
| Team Coach: | Home Phone: | | | |
| Address: | Business Phone: | | | |
| Fach Playar must road this Waiyar | | | | |

Each Player must read this waiver As a participant (or as the legal guardian if participant is a minor) in the Orem Recreation Program, I hereby acknowledge

an understanding that the participant will be engaged in activities that involve inherent risk of serious injury, permanent disability or death and I assume all of the risks of participating in these events or activities. I also understand that these activities or events are not covered by City medical insurance. I understand the City of Orem highly recommends that the participants have health insurance to cover injures that might occur as a result of my participation in the event or activity.

Intending to be legally bound, and in consideration of permitting me to participate in this event, I, my executors, administrators, heirs, next of kin, successors, and assigns hereby release, waive, discharge and hold harmless the same from any and all claims, causes of action and liability for my death, disability, personal injury, property damage, or property theft or actions of any kind which may hereafter accrue to me or my traveling to and from these events or activities.

I understand that it is medically advisable that I consult a physician before participating in the Orem Recreation Program. I hereby acknowledge this and am exercising my choice to pursue participation with or without first being examined by a physician.

Each Player Must Personally Sign

| INITIALS | PLAYER NAME (print legibly) | ADDRESS | CITY | PHONE # |
|----------|-----------------------------|---------|------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

I have checked my roster and is it correct and final. I cannot add players after this date even if injuries / move ins occur: Team Representative: _____ Date:_____

Supervisor confirmed:______Date:_____