

TEAM ROSTER & RELEASE AND WAIVER OF RIGHTS

I fully understand that I am participating in a program, which I understand to be an inherently dangerous activity and may result in death, bodily injury, pain and suffering, and property damage. I hereby release, save and hold harmless Columbus, Georgia, its agents, employees, elected officials and volunteers from any and all causes of action for any type of damage, including death, bodily injury, pain, suffering, property damage and attorney's fees, that may occur by reason of my participation. I further agree to indemnify Columbus, Georgia in the event any person sues it or its agents or employees in relation to any act or inaction arising from such participation. I further release Columbus, Georgia, its agents, employees and elected officials for any injury arising from the acts of third parties, criminal or otherwise.

Columbus Consolidated Government Does Not Provide Insurance for Participants. Insurance is the Sole Responsibility of the Participants.

If a medical emergency arises, such that immediate medical attention is necessary, I may be transported to a hospital or medical care facility. I will be responsible for all costs incurred.

MUST BE TURNED IN TO ATHLETICS OFFICE

PRINT-LAST NAME, FIRST NAME	PARTICIPANT'S SIGNATURE
1 _____	_____
2 _____	_____
3 _____	_____
4 _____	_____
5 _____	_____
6 _____	_____
7 _____	_____
8 _____	_____
9 _____	_____
10 _____	_____
11 _____	_____
12 _____	_____
13 _____	_____
14 _____	_____
15 _____	_____
16 _____	_____
17 _____	_____
18 _____	_____
19 _____	_____
20 _____	_____

DO NOT FAX

TYPE	<input checked="" type="checkbox"/>	TEAM NAME	SPORT
MALE	<input type="checkbox"/>		
FEMALE	<input type="checkbox"/>		LEAGUE
COED	<input type="checkbox"/>		

Received By: <small>Staff initials verify that there is verbal consent from the coach that all signatures have been signed by each player.</small>	Date:	
Coach/Witnessed By:	Date:	Phone #: ()
Attested By:	Date:	Email:

***Church/Industrial/Commercial Teams must have roster attested by the Minister/Personnel Director.**

TEAM ROSTER & RELEASE AND WAIVER OF RIGHTS

Our Department is now required to have all our players and coaches to sign a waiver in order to participate in any sport activity. To get through this as painless as possible, we have incorporated this into the team roster.

As you can see the waiver is on top and the players must print and sign their name on the accompanying lines. As a coach, you will sign the bottom of the page consenting that you witnessed that individual read, understood, and signed this document.

If you have any questions, please call us at 706-225-4506. This form can be downloaded from the following website:

http://www.columbusga.org/parks/downloads_forms/athleticsteamwaiver.pdf

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