



**CITY OF ELKO MENS BASKETBALL
PLAYER WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT**

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

1. Voluntarily and of my own free will, I elect to participate as a member of the sports team and league indicated below.
2. I understand that there are certain risks and hazards involved in participating in this sport that may result in injury or death to me or other players, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants.
3. I understand that participating in this sport is dangerous to me and to other players and may result in serious injury or death.
4. I understand that the very nature of the game is hazardous and risky, including, but not limited to, the acts of using the various sports equipment limited to this sport, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.

Further, I, the undersigned player, agree that in consideration for the right to play as a member of the team designated below and in consideration for permission to play on the fields arranged for by the team or league:

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and while in or upon the premises of any and all of the fields arranged for by my team or league for practice or play.
2. I release, discharge and agree not to sue the team and league designated below, the field owner or other entity designated below, the owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, or field for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

All of the below is required to be completed!! Your team will not be scheduled without this information!!

	(A)	(B)	(C)	
Name of League	Circle One			Name of Team
	(H)		(W)	
Manager	Phone #'s			E-mail address (for schedule changes)
	(H)		(W)	
Co-Manager	Phone #'s			E-mail address (for schedule changes)

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

<i>CHECK PAID</i>	NAME OF PLAYER <u>(PRINT)</u>	<u>SIGNATURE</u> OF PLAYER	DATE
_____	1. _____	_____	_____
_____	2. _____	_____	_____
_____	3. _____	_____	_____
_____	4. _____	_____	_____
_____	5. _____	_____	_____
_____	6. _____	_____	_____
_____	7. _____	_____	_____
_____	8. _____	_____	_____
_____	9. _____	_____	_____
_____	10. _____	_____	_____
_____	11. _____	_____	_____
_____	12. _____	_____	_____
_____	13. _____	_____	_____
_____	14. _____	_____	_____
_____	15. _____	_____	_____
_____	16. _____	_____	_____