

# City of Brooksville

Parks & Recreation Department  
99 Jerome Brown Place  
Brooksville, FL 34601



(352) 540-3835 Phone

(352) 544-5496 Fax

## OFFICIAL PLAYER ROSTER

<b>Team Name:</b>
<b>Manager Name:</b>
<b>Email Address:</b>
<b>Phone Number :</b>

## LEAGUE INFORMATION

	Player Name (Print)	Street, City, Zip Code	Phone #	Jersey #	Paid
1					\$
2					\$
3					\$
4					\$
5					\$
6					\$
7					\$
8					\$
9					\$
10					\$

In consideration of the participation we do hereby agree to release and hold harmless the City of Brooksville, and their officers, agents, servants, and employees from all causes of action or claims of liabilities to any personal injury or any death to this, or for damages or loss of this persons personal property, which might arise from, or are incident to participation in this league.

City of Brooksville Parks & Recreation Department  
**DODGEBALL PLAYER WAIVER AND RELEASE**

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

1. I understand that ALL playing rules governing league play will come from the rules and regulations that have been provided by the Brooksville Parks and Recreation Department and these rules will take precedence.
2. Voluntarily and of my own free will, I elect to participate as a member of the dodgeball team and league indicated below.
3. I understand that there are certain risks and hazards involved in participating in dodgeball that may result in injury or death to me or other players, including, but not limited to those hazards associated playing conditions, equipment and other participants.
4. I understand that dodgeball is dangerous to me and to other players and may result in serious injury or death.
5. I understand that the very nature of the game of dodgeball is hazardous and risky, including, but not limited to, the acts of throwing, catching of the ball, running, jumping, stretching, sliding and 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 in the gymnasium arranged for by the team or league:

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 [c] while on or upon the premises of any and all of the gymnasium arranged for by my team or league for practice or play.

I release, discharge and agree not to sue the team and league designated below or any gymnasium in which dodgeball is practiced or played by my team., or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field for any claims, 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.

I, the undersigned player, acknowledge that I have read and that I understand each and every one of the above provisions in this waiver and release form and agree to abide by them.

\_\_\_\_\_  
Signature of Player, **PARENT, or GUARDIAN IF UNDER 18** \_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name of Player \_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street address \_\_\_\_\_  
City or town \_\_\_\_\_  
State \_\_\_\_\_  
Zip code \_\_\_\_\_  
Phone#

\_\_\_\_\_  
Team Name League Name: Men's or Co-Ed

Please list ant physical limitations (allergies, hearing, sight, etc.) \_\_\_\_\_

PAID: Date \_\_\_\_\_ Amount: \$5 \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Thank you!  
Sorry, Player fees are non-refundable!