

ADULT CO-ED SPORTS TEAM ROSTER & WAIVER FORM



PRINT NAME SIGN NAME

PLAYER 1	PLAYER 1	
PLAYER 2	PLAYER 2	
PLAYER 3	PLAYER 3	
PLAYER 4	PLAYER 4	
PLAYER 5	PLAYER 5	
PLAYER 6	PLAYER 6	
PLAYER 7	PLAYER 7	
PLAYER 8	PLAYER 8	
PLAYER 9	PLAYER 9	
PLAYER 10	PLAYER 10	
PLAYER 11	PLAYER 11	
PLAYER 12	PLAYER 12	
PLAYER 13	PLAYER 13	
PLAYER 14	PLAYER 14	
PLAYER 15	PLAYER 15	

Waiver & Release of Liability: In consideration of being allowed to participate in Goose Creek Recreation sports, programs, related events and activities, the undersigned acknowledges and agrees that there are always risks involved in participation in recreational activities. I knowingly and freely assume all such risks, both known and unknown, even if arising from negligence and assume full responsibility for my participation. I declare the participant physically able to participate in the activity. In the event of a medical emergency, I authorize Goose Creek Recreation or its representatives to obtain emergency medical treatment for myself or child (if parent is not available). I willingly agree to comply with the stated and customary terms and conditions for participation. I, for myself and on behalf my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless City of Goose Creek Recreation, Goose Creek Recreation Commission, their officers, officials, agents, and /or employees, other participants, sponsors, and advertisers (releasees), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law. I likewise release from liability, any person transporting myself or my child to and from these activities. I further grant GC Recreation the unencumbered right to make promotional use of any pictures and/or video tapes taken of the registrant while participating in this program. The City of Goose Creek has the right pursuant to the SC Setoff Debt Collection Act to collect any delinquent sums due through offset of the state income tax refund including all fees.

EAM NAME: