DOUGLAS COUNTY PARKS & RECREATION DEPARTMENT
ADULT SPORTS LEAGUE TEAM ROSTER

All players must have signed this roster before such person participates in practice, league play or tournament.

Team Name | League

Manager's Name | Home Phone

Mailing Address | City | Zip | Work Phone

Email Address

The team is ineligible unless all information and signatures are included: A player's signature attests that the following stipulations have been read and are understood:

I hereby agree to indemnify and hold harmless and blameless Douglas County, its officers, employees or agent from any harm, person or property, which I may sustain while engaged in any activity conducted by or in connection with Douglas County including but not limited to transportation.

I further agree to reimburse or make good any loss or damage or costs that the County may have to pay if any litigation arises on account of any claim made by me or anyone in my behalf, resulting directly or indirectly from my participation in Adult Athletic Leagues.

PRINT NAME ON TOP LINE//SIGNATURE ON SECOND LINE

NOTE: All information must be included or team will be declared ineligible to participate in the league.

Date	***Name/Signature***	***Address***	***Telephone***

PRINT NAME ON TOP LINE//SIGNATURE ON SECOND LINE

NOTE: **All information must be included or team will be declared ineligible to participate in the league.**

Date	*Name/Signature*	*Address*	*Telephone*