

City League Basketball Roster & Liability Release Form

TEAM NAME: _____
TEAM MANAGER: _____
PHONE NUMBER: _____ (home) _____ (work)
EMAIL ADDRESS: _____

All team members must sign this form prior to playing in any City League Basketball Games

TEAM MEMBERS:

SIGNATURES

DATE

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

I, THE UNDERSIGNED PARTICIPANT REGISTERED IN THE CITY LEAGUE BASKETBALL PROGRAM UNDERSTAND THE RISKS AND DETAILS OF THE PROGRAM. I HERBY RELEASE THE BASKETBALL ASSOCIATION, BOZEMAN SCHOOL DISTRICT, CITY OF BOZEMAN, AND ALL THEIR SERVANTS, AGENTS OR EMPLOYEES FROM ANY AND ALL LIABILITY, CLAIMS, AND DEMANDS WHICH MAY ARISE FROM PARTICIPATION IN THE PROGRAM.