

WAIVER OF LIABILITY ROSTER

Name of Organization: FACKA

I, the undersigned, agree that I am at least 21 years of age and agree to indemnify and hold harmless the City of Fort Worth, TX and FACKA, LLC. against any and all damages to property or injury to, or death of, any person, including property or employees of the City of Fort Worth, TX and FACKA, LLC. and from any and all claims, demands, actions, suits, or proceedings of any kind or nature. I assume all risk of injury to my person and property that may be sustained in connection with any activity in and about the premises. I further agree to practice and display good sportsmanship at all times. I have read the Waiver of Liability and fully understand its terms, conditions, and meaning. All participants must agree to the terms stated above in the Waiver of Liability and sign below.

Season: Spring Summer Fall Age Category: Adult Sport: Kickball

Player Name	DOB	Signature
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		
7. _____		
8. _____		
9. _____		
10. _____		
11. _____		
12. _____		
13. _____		
14. _____		
15. _____		
16. _____		

Team's Name _____ Coach/Manager Name _____

Coach/Manager Address _____ City _____ State _____ Zip _____

I hereby declare that all members of this team/league have read the foregoing Waiver of Liability and is 21 years of age or older.

Coach/Manager Signature _____ Date _____