City of Santa Clarita
PARKS, RECREATION, AND COMMUNITY SERVICES
ADULT BASKETBALL ROSTER
FALL 2009

MANAGER:	TEAM NAME:
ADDRESS:	DAY OF WEEK:
CITY, STATE, ZIP:	ASSISTANT MANAGER:
HOME PHONE:	HOME PHONE:
BUSINESS PHONE:	BUSINESS PHONE:

NAME (Print)	NAME (Signature)	ADDRESS	CITY	ZIP CODE	HOME PHONE

I voluntarily agree to participate in this or these programs, or any extensions thereof. I hereby waive, release, and hold harmless from any liability for damages or claims for damages for personal injury, including death, as well as from claims for property damage which may arise in connection with the above named activity, against the Supervisory, City of Santa Clarita and its elected and appointed officials, agents, and employees. I further agree to pay any and all costs incurred as a result of said treatment. I hereby give permission to the City of Santa Clarita Parks, Recreation, and Community Services Department to use my photograph as they see fit in their seasonal recreational brochure or web page. I understand that the photography belongs to the City and I will not receive payment of any kind.