**COEUR D'ALENE RECREATION DEPARTMENT - Dodgeball Roster**

TEAM NAME _____

MANAGER'S NAME _____

E-MAIL _____ BEST PHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PLAYER WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT

I, the undersigned player, acknowledge, agree, and understand that:

1. Voluntarily and of my own free will, I elect to participate as a member of the Dodgeball team and league indicated above.
2. I understand there are certain risks involved in playing dodgeball that may result in injury or death to me or other players.
3. I release, discharge, and agree not to sue the team, officials, school district, and/or the City of Cd'A.

| PLAYER NAME | CITY | PHONE | PLAYER SIGNATURE |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |