



Adult Slow-Pitch Softball Team Roster

FOR OFFICE USE ONLY:
 MEN'S CO-ED
 Division: _____
 Day of Play: _____
 Date Received: _____
 Received By: _____

PLEASE PRINT LEGIBLY

Team Name: _____ Team Manager (First & Last Name): _____

Primary Phone: _____ Other Phone: _____ Email: _____

Address (Street, City, State, Zip): _____

TEAM MANAGER'S AFFIDAVIT: I certify that I am the manager of the team on this roster. I acknowledge that all information supplied on this roster is correct to the best of my knowledge and that all players signed this form in their own handwriting and they are eligible to compete with my team. I agree to be bound by the rules of the Groveport Recreation Department.

Signature: _____ Date: _____

By providing my information below, I acknowledge that I have read, understand and agree to the provisions in the Liability Release, Indemnification Agreement and League Rules. ***Parent/Legal Guardian Signature required for players 16 & 17 years of age.***

Player Name (First & Last)	Date of Birth (month/day/year)	Signature	Player Name (First & Last)	Date of Birth (month/day/year)	Signature

City of Groveport
Recreation Department

LIABILITY RELEASE & INDEMNIFICATION AGREEMENT

Adult Slow-Pitch Softball League

By providing my signature on page 1 of Team Roster for myself, I acknowledge, understand and agree that as a participant in the Groveport Recreation Department's Adult Slow-Pitch Softball League, I will be exposed to risks and hazards, including death, due to those associated with adult slow-pitch softball, including weather conditions, playing conditions, equipment and other participants in addition to the physical requirements of the sport, including collisions with other players & stationary objects. In addition, I understand that I am at risk of coming into contact with certain communicable diseases or viruses similar to COVID-19 while participating in recreational activities.

In exchange for being permitted to participate, I voluntarily agree to assume all of these risks and other inherent risks. Despite these risks, and in consideration of the City of Groveport (hereinafter COG) accepting my registration, I agree to hold harmless and release the COG, its board and council, officers, officials, employees, volunteers & other representatives from all claims for liability or legal responsibility for any damage or loss of any kind, including personal property or death, property damage, and economic loss, arising from my participation in the Adult Slow-Pitch Softball League. I further agree to protect, indemnify and hold harmless the COG and the listed persons and entities for any and all cost, liability, expense and claim arising from any act or omission committed by myself or the named participants related to the COG's facilities, activities & programs, and/or other activities or programs sponsored by or affiliated with the COG. I further agree to follow all facility, activity or program rules & regulations, and realize that my right to participate may be terminated by the COG at any point in time for not adhering to said rules and regulations. I do hereby grant and give the COG & groups affiliated with the COG the right to use my photographic image with or without my name, both single and in conjunction with other persons or objects for any and all purposes. I understand that any information provided may be subject to disclosure under Ohio Public Records Law.

I have read, understand and agree to follow the Adult Slow-Pitch Softball League Rules (available online at www.groveportrec.com) or at Groveport Recreation Center (7370 Groveport Rd., Groveport, OH 43125).

For players that are either 16 or 17 years of age, player's parent/legal guardian must also complete, sign and return **REQUIRED** information pertaining to:

- Ohio's Return to Play Law regarding Concussions
- Lindsay's Law regarding Sudden Cardiac Arrest in Youth Athletics

prior to the player the participant playing in his/her first game.

Note: Forms can be found at www.groveportrec.com (add remainder of info. here).