

**VAIL RECREATION
DISTRICT ROSTER FORM
2020 WINTER BASKETBALL**



TEAM NAME _____
 MANAGER'S NAME _____ PHONE (H) _____
 PHONE (W) _____ PHONE (CELL) _____ EMAIL _____
 MAILING ADDRESS _____ CITY _____ ZIP _____
 ASSISTANT MANAGER _____ PHONE (H) _____
 PHONE (W) _____ PHONE (CELL) _____ EMAIL _____

RELEASE OF LIABILITY

In consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows:
 "I hereby acknowledge that the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any causes whatsoever arising while my child or I are participating in such activity. I or my child is in good health and physically able to participate in said activity. I agree to waive and release the Town of Vail/or the Vail Recreation District and their officers, employees, agents, servants and all representatives and sponsors from any injury I or my child may sustain or any damage that may be caused to me or my child's property in connection with said activities, including injuries sustained or property damage caused by the use of equipment I may rent from the Town of Vail and/or the Vail Recreation District. I also authorize and consent to any emergency x-ray examination, medical diagnosis or treatment and hospital care to be rendered to me or my child under the general or special supervision and on the advice of any physician licensed to practice in the State of Colorado. Participants may be photographed and such photographs and such photographs may be used to publicize activities."

Name (Print)	Email	Phone	Signature
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