

ADULT SOFTBALL LEAGUE TEAM APPLICATION

Cupertino Recreation and Community Services | 408-777-3120 | www.cupertino.org

TEAM INFORMATI	ON										
Team Name:			Previo	ous Team l	Name:						
Manager's Name:		Ema	ail:				_ Mobile: _				
Address:			City:			State:		Zip:			
Home Phone:			Wor	k Phone: _							
Alternate Manager:		ail:					Mobile:				
League Type:	Recreation	al (Mondays)	Comp	petitive (W	ednesdays)		Coed (Fri	days)			
PAYMENT INFORMATION											
Payment Method:	Cash	Check	Visa	Master	Card	Disco	over	American Ex	press		
Credit Card Number:			Exp. [)ate:	CVC#:	Au	thorized A	Amount: \$			
Cardholder Name:	Authorized Signature:										
Payment information r can be submitted on th online you will first ne	is form, in p	erson at the Quin	lan Comm	unity Cent	er, and onlin	ne at <u>w</u>	ww.reg4r	ec.org. If paying			

DECLARATION AND ASSUMPTION OF RISK

AS MANAGER OF THE ABOVE NAMED TEAM, I HEREBY ACKNOWLEDGE AND ASSUME RESPONSIBILITY FOR THE PAYMENT OF ALL FEES KNOWN AND UNKNOWN INCURRED BY THE PARTICIPATION OF SAID TEAM IN THE CUPERTINO ADULT SOFTBALL LEAGUES.

We understand that our resident status will be checked and agree that failure to provide complete and accurate information herein will result in forfeiture of the \$50 fee and dismissal from the league. I understand that if my first choice of league or night is filled my team will be placed in the first available spot.

I understand that my participation in the event, class, or league exposes me to the risk of personal injury, death, or property damage. I hereby acknowledge that I am voluntarily participating in this event, class, or league and I agree to assume such risks, including the risk of personal injury, death, or damage to property. In consideration of acceptance of my application to participate in the event, class, or league for which I am registering, I hereby RELEASE, DISCHARGE, AND AGREE NOT TO SUE, the City of Cupertino, the Cupertino Union School District, the Cupertino Public Facilities Corporation, the County of Santa Clara, the Fremont Union High School District, SANCRA, the NORCAL USA Softball Assoication, or any of their employees, contractors, volunteers, or agents (collectively, "City") to the fullest extent legally possible from any injury, death, or damage or loss to personal property arising out of, or in connection with, my participation in the event, class or league from whatever cause, including the active or passive negligence of City or any

other participants in the event, class or league. I understand that City does not guarantee the construction, condition, or safety of the facilities where the event, class, or league is taking place.

In consideration for being permitted to participate in the event, class or league, I hereby agree, for myself, my heirs, administrators, executors, and assignees, that I shall indemnify, defend, and hold harmless City from any and all claims, demands, actions, or suits arising out of or in connection with my participation in the event, class, or league. I further allow my photograph and/or video to be taken and used for City purposes without compensation. I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT OF MY OWN FREE WILL.

IMPORTANT:

THIS DOCUMENT RELIEVES THE CITY OF CUPERTINO, THE CUPERTINO UNION SCHOOL DISTRICT, THE CUPERTINO PUBLIC FACILITIES CORPORATION, THE COUNTY OF SANTA CLARA, THE FREMONT UNION HIGH SCHOOL DISTRICT, SANCRA, THE NORCAL USA SOFTBALL ASSOCIATION, AND OTHERS FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE.

I HAVE READ THIS ASSUMPTION OF RISK, LIABILITY WAIVER, AND RELEASE AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE. I ACKNOWLEDGE THAT I AM SIGNING THE AGREEMENT FREELY, VOLUNTARILY, AND INTEND BY MY SIGNATURE TO A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Team Manger's Name:	Title:						
Address:	City:	St:	Zip:				
Email Address:	Phoi	ne Number:					
Signature:		Date:					

TEAM ROSTER

	Player Name	Playing	Shirt Size	1	2	3	4	5	6	7	8	9	10
1													
2													
3													
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