

**ADULT SOFTBALL ROSTER**

**Team Name:**

	NAME	D.O.B	PHONE	EMAIL	SIGNATURE OF WAIVER
Team Captain					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

By signing this roster, you hereby covenant to indemnify, defend and save harmless the Town of Harrisburg, its Mayor and Council, appointed board and commissions, officials, officers and employees, individually and collectively; from all losses, claims, suits, actions, payments, judgments, demands, expenses, attorney's fees; defense cost, or actions or any kind resulting from personal injury to any person, including bodily injury and death arisen out of negligent performance of the individual hereunder, except any injury or damages arising out of the sole negligence of the Town, its officers, agents or employees. I/ We hereby authorize the Town of Harrisburg staff to obtain any needed medical assistance in case of an emergency, illness or accident. I understand that any resulting expenses or charges are my responsibility and I will pay them immediately, either directly or through personal insurance. I/ We understand that the Town of Harrisburg does not carry accident insurance for this program and I will not hold the Town of Harrisburg responsible for accidents or injuries sustained in this program.

