All players must be able to show picture ID at every game.

City of Moorpark Adult Sports Add/Delete Form

Team Name_____ **Sport**_____ **Season**_____

Manager's Name_____

DELETIONS

	First Name	Last Name
1.		
2.		
3.		

Manager's Signature_____ **Date**_____

ADDITIONS

ALL players must print first and last name, SIGN, and date below. Printed name and date must be legible. Form must be completed in ink pen (no pencil). Players with missing or illegible information are ineligible and may not participate in the league. Use of an ineligible player will result in a forfeit.

Informed Consent and Release

I, the undersigned, voluntarily participating in the referenced activity, understand that such participation does not establish or imply an employer-employee or an agency relationship with the City of Moorpark. I agree and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous exercise or activity and understanding this I state that I have no knowledge of any condition that would prohibit me from safely participating. Please note: The City of Moorpark does not provide any insurance coverage of any kind, for your participation. The City of Moorpark strongly recommends that appropriate insurance be obtained by each participant. I, in consideration of the request and permission to participate in the referenced activity, hereby assume full responsibility for all risk of injury or loss which may result from my participation in this activity and hereby AGREE TO DEFEND, INDEMNIFY, HOLD HARMLESS, RELEASE AND FOREVER DISCHARGE the City of Moorpark, from any and all acts of negligence and all claims and demands whatsoever, which the undersigned, any third person, or any persons acting under their behalf, have or may have against the City of Moorpark, by reason of any accident, illness, communicable diseases, viruses, injury to or death of any person or persons, or damage to or loss or destruction of any property arising or resulting directly or indirectly from participation in the referenced activity and occurring during said participation, or any time subsequent thereto. The terms of this release will serve as a release and assumption of risk for my heirs, executors and administrators and for all of my family members. I grant the City of Moorpark at its discretion and free of charge, permission to use still photography of me participating in City sponsored recreation programs for the purpose of publicizing said programs. **PERMISSION FOR MEDICAL TREATMENT & TRANSPORT:** I, the undersigned, hereby grant the City of Moorpark and agents thereof, permission to summon 911 in the event that I require advanced first aid or medical treatment. I further grant permission to transport me to a center of advanced care. I grant permission to any and all physicians, surgeons, medical personnel, and emergency medical technicians or paramedics to treat me if such treatment is reasonably required.

	First Name	Last Name	Address	City	Zip	Phone	DOB
1.							
Email:			**Signature:**		**Date of Signature:**		
2.							
Email:			**Signature:**		**Date of Signature:**		
3.							
Email:			**Signature:**		**Date of Signature:**		