

City of Clarksville Parks and Recreation Department
Softball Team Roster

Team Name _____
League Name _____
Pastor/Coach Signature _____

I, the undersigned, hereby indemnify, defend and hold harmless the City of Clarksville, its appointed or elected officials, employees, agents and each of them from any and all suits, actions, legal or administrative proceedings, claims, demands, damages, liabilities, interest, attorney's fees, cost and expenses of whatsoever kind or nature, arising out of my participation in this program. I further verify that this signature insures that I am covered by an accident or medical insurance policy.

****By providing your signature you agree that you have read the above disclaimer and are in agreement.**

*PLEASE PRINT LEGIBLY

Printed Name	Participants Signature	Date
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		

Completed roster must be submitted to the facility manager on the **first night of play**, PRIOR to start of game.