

2013 FIELD ROSTER

PLEASE FILL OUT THIS FORM AND MAIL OR DROP OFF TO:

Penn Hills Parks & Recreation

MAIL TO: 12245 Frankstown Road, Pittsburgh, PA 15235

DROP OFF: 6600 Leechburg Road, Verona, PA 15147

Forms due by March 23, 2013

FIELD FEE: \$250.00

Team: _____

Manager: _____ Home Phone: _____ Bus. Phone: _____

Address: _____ Zip: _____

Field: _____ Day: _____

Time: _____ League Name: _____

Start Day: April 15, 2013

End Day: August 31, 2013

LIST PLAYERS

PLAYER ADDRESS

ZIP CODE

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

*Fields are assigned to teams whose rosters are 75% Penn Hills residents. The rosters will be checked with Central Tax Bureau.

*A \$10.00 Non-Resident fee will be applied for each player that does not reside in the Municipality of Penn Hills.

***NOTE: I, the undersigned, agree that I am the captain of the above named team. I am aware of all league and playing rules under which this league operates and in consideration for the right to use the facilities, I agree to observe these rules and consult all team members of the rules this form states. Further, I have read the Release and Waiver, Assumption of Risk and Indemnity Agreement on the back of this form, fully understanding its terms.

Managers Signature _____ Date _____

MUNICIPALITY OF PENN HILLS, PA

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of my being permitted to participate in any way in this Program/Activity, I, for myself and all of personal representatives, executors, administrators, heirs, next of kin, successors and assigns, herein referred to as "Releasers", do hereby:

1. Acknowledge that this Program/Activity may be a major test of a person's physical and mental limits and carries with it the potential for serious injury, death and/or property damage, and certify as to my physical fitness to participate and declare that I have not been advised otherwise by a qualified medical professional.
2. Acknowledge, agree, and represent that I will, at all times, be aware of the surroundings during the Program/Activity and agree that if I consider anything related to this Program/Activity to be unsafe, will immediately advise the Program/Activity officials of such, and if necessary, will leave the area or refuse to participate further in the Program/Activity.
3. Waive, release and discharge, and covenant not to sue, the Municipality of Penn Hills, Pennsylvania, its elected and appointed officials, employees, volunteers, sponsors, and agents, including others who give recommendations, directions, or instructions as part of this Program/Activity, herein after referred to as "Municipality", from any and all liability to Releasers for any and all loss or damage, and any claim or demands therefore, on account of injury to the person or property or resulting in death arising out of or related to the Program/Activity, including traveling to or from the Program/Activity.
4. Agree to Indemnify and Save and Hold Harmless the City and each of them from any loss, liability, damage, or cost that they may incur arising out of or related to my participation in this Program/Activity.
5. Assume full responsibility for any risk of bodily injury, death or property damage arising out of or related to the Program/Activity.
6. Agree that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends, to all acts of negligence by the City and is intended to be as broad and inclusive as is permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
7. Authorize any medical treatment, including the administration of anesthesia, deemed advisable by any licensed physician to relieve any injuries received or illness contracted as a participant in this Program/Activity.

THE TEAM MANAGERS SIGNATURE ON THE FRONT OF THIS FORM INDICATES THAT HE/SHE HAS RELAYED ALL RULES AND REGULATIONS TO ALL WHOSE NAMES APPEAR ON THIS FORM.