



**CITY OF ALBANY
RECREATION & COMMUNITY SERVICES DEPARTMENT
1249 MARIN AVENUE
ALBANY, CA 94706**

TEAM NAME: _____
TEAM MANAGER: _____
PHONE: _____
EMAIL: _____

CO-ED 5-ASIDE SOCCER ROSTER

SIGNATURE ON ROSTER SIGNIFIES KNOWLEDGE OF, AND
ACCEPTANCE OF ALL RULES, REGULATIONS, AND CODE OF CONDUCT
SET FORTH BY THE RECREATION DEPARTMENT.

ADD/ DROP	NAME (PLEASE PRINT)	SIGNATURE	EMAIL ADDRESS	PHONE
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"Assumption of Risk: I am aware that Albany indoor soccer/futsal involves certain inherent risks, dangers, and hazards which can result in serious personal injury or death. I hereby freely agree to assume and accept all known and unknown risks of injury arising out of indoor soccer/futsal activities. Release and Waiver of Claims Agreement: For allowing me to participate in Albany indoor soccer/futsal, I agree to the fullest extent permitted by law, as follows: 1) to waive all claims that I have or may have against the City of Albany, and its employees, agents, and representatives, 2) to release the City of Albany, and its employees, agents, and representatives from all liability for any damages, injury or expense that I or my next of kin may suffer arising out of Albany indoor soccer/futsal, from any cause whatsoever, including negligence or breach of contract."

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