

CCCSL Team Waiver/Roster 2024

TEAM	SPORT	DATE	CAPTAIN/COACH
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	NAME	PHONE #	EMAIL	SIGNATURE
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I hereby acknowledge and agree that participating in sports activities involves a certain degree of risk of physical injury. I understand that the risk of injury can be minimized by following safety guidelines and using appropriate equipment. I also acknowledge that I am responsible for my own physical condition and fitness level. I understand that while reasonable precautions will be taken, accidents can happen and injuries can occur. By signing this waiver, I assume all risks associated with participating in CCCSL sports activities and agree to release, indemnify, and hold harmless CCCSL and all parties from any and all claims, liabilities, or damages arising from my participation in CCCSL sports activities. I certify that I have read and understand

this waiver form and agree to abide by all its terms and conditions.