



City of Brighton
 Brighton Recreation Center- Sports Department
 555 North 11th Avenue, Brighton, CO 80601
 Phone: 303-655-2203 Fax: 303-659-9405

Team Name _____ League Roster for (check one) BB SB VB

League Name _____ Season _____ Day _____ Division _____

Manager's Name _____

Manager's Address _____ Phone (Best Number) _____

Asst. Manager's Name _____ Phone (Best Number) _____

Player's Name _____ Phone Number _____

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RELEASE AND WAIVER

RELEASE FROM PARTICIPATION IN INHERENTLY DANGEROUS ACTIVITY

I, the participant and/or parent or guardian of participant understand that the activities registered for contain an element of danger. I agree to indemnify and hold the City of Brighton and any agencies involved in the activities and any of their servants, agents or employees free and harmless from any injury, damages, liabilities, loss, claim, cost or expense including attorney's fees which may result whether by negligence or otherwise. I am solely responsible for payment of all costs resulting from the rendering of medical aid and ambulance services to the participant, and I authorize that all necessary first aid steps may be taken as prescribed by qualified personnel.

Participants may be photographed while utilizing the facility, services or participating in a City of Brighton program and said photographs, or likeness of me, may be used to publicize as the District deems appropriate.

Manager's Signature _____ Date _____

Date Paid _____ Amount Paid _____ Clerk Initials _____