

OAKLAND YARD ATHLETICS ROSTER FORM 2008-2009



TEAM NAME: _____

LEAGUE CODE: _____ SPORT: _____

NOTICE OF RISK and ASSUMPTION AGREEMENT and PHOTO RELEASE

Sports activities involve varying degrees of risk depending on the skill of the participants and the level of play. Each participant in the sports activities at Oakland Yard Athletics (OYA) acknowledges that he or she is fully knowledgeable as to the risks of the sport in which the individual intends to participate. The participant states that he or she is in good health and has no knowledge of any infirmity which would impair ability or increase any risk. The undersigned acknowledges that the participant or parent is informed as to the equipment and safety devices required or advisable in the activity. The undersigned participant agrees to assume all risks of the activity in which the undersigned will participate and waives all claims against Oakland Yard, its agents, servants and employees arising out of the participation by the undersigned in the sports and other activities at the Oakland Yard Athletics' property. The undersigned does not rely upon Oakland Yard Athletics or any of its employees to supervise, referee or otherwise control the sport activity. This agreement to assume the risks of the sports and other activities shall be continuing until revoked in writing with an acknowledgment in writing that a manager of Oakland Yard Athletics has received the revocation. Each participant acknowledges that during the course of using the OYA, his/her photograph or video may be taken by the Operators or an agent or representative of the Operators. Each participant hereby grants the Operators permission to use any such photograph or video taken of participant for use in materials promoting the Operator. Such use may include publication in program, general advertising, posters, flyers, television, and any other vehicles that may be distributed or shown to or otherwise seen by large numbers of individuals and potential patrons of OYA

MAKE COPIES OF THIS PAGE FOR EXTRA TEAMMATES

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Phone (C/W)	
E-Mail	

Name	2
Signature	DOB
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PRINT LEGIBLY PLEASE