

WCPRD Athletics Roster / Player Contract

LEAGUE: _____

Team Name: _____ Date: _____

I, the undersigned, agree that I will play for the above named team and will abide by all the rules as outlined in the constitution and by-laws governing the league, and all policies set up by the Williamson County Park & Recreation Department.

Also, in consideration of being allowed to participate in the Williamson County adult league, I, the undersigned, do hereby agree to hold the league, it's executive officers, the Williamson County Parks & Recreation Department, the City of Fairview, the Franklin City Parks, the Brentwood City Parks, Williamson County Government, it's employees, and officials, and the City of Franklin and the City of Brentwood and it's employees and officials immune from any liability, for either personal injury or property damage which may be incurred during my participation in all league sponsored events and activities. I understand and acknowledge that no insurance is provided and I understand that I am solely responsible for any medical or other expenses that may arise by virtue of any injury I may incur while participating in the league. I understand that WCPR staff may photograph or film various Parks and Recreation Department Activities, and that my image may be included in such photographs in the course of participating in those activities. I hereby give consent for WCPR staff to use any such photographs or film on its website for media or promotional activities. I understand that WCPR will use such images for its own website, media, or other promotional purposes and will not sell my image for any commercial use.

As manager/sponsor/responsible party of the above referenced team, I agree to be responsible for all fees associated with league play (fees payable via cash, check or credit/debit card only). I understand that should Williamson County Parks and Recreation Department have to bring suit to collect any amounts due, I will be responsible for the court costs and the reasonable attorney's fees related to such action. I fully understand the terms contained in this document shall be legally binding on the undersigned individual, their heirs, executors, administrators, and successors.

_____ **Captain's Name:** _____ **Signature:** _____

Address: _____
city county state zip

Email Address: _____

Phone: _____ Age: _____

_____ **Player's Name:** _____ **Signature:** _____

Address: _____
city county state zip

Email Address: _____

Phone: _____ Age: _____

_____ **Player's Name:** _____ **Signature:** _____

Address: _____
city county state zip

Email Address: _____

Phone: _____ Age: _____

_____ **Player's Name:** _____ **Signature:** _____

Address: _____
city county state zip

Email Address: _____

Phone: _____ Age: _____

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_____ **Player's Name:** _____ **Signature:** _____
Address: _____
city county state zip
Email Address: _____
Phone: _____ **Age:** _____

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Address: _____
city county state zip
Email Address: _____
Phone: _____ **Age:** _____

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city county state zip
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Address: _____
city county state zip

Email Address: _____

Phone: _____ **Age:** _____

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city county state zip

Email Address: _____

Phone: _____ **Age:** _____