Town of Aurora Softball League Waiver 2017

Manager's Name_____ Phone_____

Team Name _____ League _____

I am over the age of eighteen, and I wish to participate in the Softball League in the Town of Aurora. I recognize the possibility of injury or death from participating in sporting activities, and I assume all risks associated with participating. I further agree for myself, my heirs, executors and administrators, jointly and severally, to release and discharge the Town of Aurora, its Parks and Recreation Department and their employees and volunteers from any and all liability, claims, actions and demands whatsoever associated in any way with the use of its facilities.

Failure by any individual player to sign the waiver will result in expulsion of the entire team with no refunds.

Print Player Name	Address	Signature