Town of Aurora Softball League Waiver 2025

Manager's Name	Phone	
Team Name	League	
possibility of injury or death from I further agree for myself, my heir of Aurora, its Parks and Recreatio	n participating in sporting activities, and I rs, executors and administrators, jointly a	ue in the Town of Aurora. I recognize the assume all risks associated with participating. nd severally, to release and discharge the Town colunteers from any and all liability, claims, facilities.
Failure by any individual player	to sign the waiver will result in expulsion	on of the entire team with no refunds.
Print Player Name	Address	Signature