

Town of Aurora Men's Basketball League Waiver 2025

Manager's Name _____ Phone _____

Team Name _____

I am over the age of eighteen, and I wish to participate in the Men's Basketball 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, it's Parks and Recreation Department and their employees and volunteers from any and all liability, claims, actions and demands whatsoever associated in any way with this activity.

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

Print Player Name	Address (Street & town)	Signature
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
11)		
12)		