Official Youth Sports Team Roster & Waiver Form

Sport: **Basketball** **Flag Football** **Softball** **Gender:**_____

Soccer **Volleyball** **Kickball**

Team Name _____ **Manager's Name** _____

Players Name	Date of Birth	Address	City	State	Zip	Home Phone	Players Signature

This roster waiver must be turned in before the start of your first game.

We the above signed understands that injuries are a natural part of many recreation activities and agrees to indemnify, hold harmless and release the City of Olathe, Olathe District Schools, their agents and employees from any and all liability for any injury of any kind whatsoever, which may be suffered by the named individual(s) registered in this activity arising out of or in any way connected with participation in this activity. The undersigned authorizes the City of Olathe and the Olathe District Schools to use at its discretion any photo or video taken of the participant for promotional purposes, including but not limited to print, online, and social networking media and waive any and all claims that the participant or the undersigned or their heirs, executors, administrators, or assigns may have or claim to have resulting from such photo or reproduction thereof. I have read the above statement, understand and agree to the conditions set forth.