

**EL MONTE PARKS, RECREATION & TRANSPORTATION DEPARTMENT
SOFTBALL ADD/DROP FORM & INSURANCE INFORMATION**



TEAM NAME	PLAYINGDAY	PLAYINGFIELD
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"In consideration of the acceptance of my application for entry in the softball program and as a member of the team hereinbelow, I hereby waive, release and discharge any and all claims for damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of my participation in said program. This release is intended to discharge in advance the City of El Monte, its Boards and Commissions, Officers, Employees and Agents hereinafter collectively known as "City", from and against any and all liability which may arise out of negligence or carelessness on the part of the persons or entities mentioned above. I understand that serious accidents occasionally occur during said activity, and that participants in such activity occasionally sustain mortal or serious personal injuries, and/or property damage as a consequence thereof. Knowing the risks of said activity, nevertheless, I hereby agree to assume those risks and to hold harmless all of the persons or entities mentioned above who, through negligence or carelessness, might otherwise be liable to me or my heirs or assigns for damages. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I further agree to comply with all league rules and regulations as well as City ordinances. I further understand that there is no medical coverage should my team elect not to pick up the optional secondary medical coverage, as it is not included in the league fees.
By affirming my signature, I verify that I have read and understand the aforementioned statement and will comply with its agreement."

MANAGER: Please fill out and submit to Recreation Office by 5:00 PM of Game Day for Weekday Leagues (Monday thru Friday) and by 5:00 PM Friday for Weekend Leagues.



**CAUTION: EACH PLAYER MUST SIGN HIS/HER OWN NAME.
MANAGER - DO NOT SIGN FOR ABSENT PLAYERS**

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I VERIFY THAT THE ABOVE INFORMATION IS CORRECT AND THAT EACH PLAYER HAS WRITTEN HIS/HER OWN SIGNATURE.

MANAGER _____ DATE _____

FORM WILL NOT BE VALID WITHOUT ALL SIGNATURES

OFFICE USE ONLY
Rec'd by: _____
Date: _____

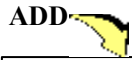
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