



# TOWN OF SILVERTHORNE LEAGUE ROSTER

I recognize that activities and services I take advantage of at Town facilities may result in injury, illness, death or damage to myself, my property, or to others, including but not limited to injuries caused by negligence and / or the action of third parties. In consideration of the Town permitting me to use the facilities, I, for myself, my heirs, executors, and assigns (and / or if applicable, my parent or guardian) waive, indemnify, and release the Town, its officers, employees, and agents from all claims, damages, loss, or liabilities of any kind arising out of or relating to injuries, illness or accidents sustained by me or my property at the facilities. I understand I am waiving any right to bring or have brought on my behalf any such claims or lawsuits against the Town by signing this release and using the facilities.

The Town of Silverthorne may take video or photographs of participants enrolled in programs/classes which may be used in future publications, marketing promotions, brochures, or flyers.

Information below may be shared with other league members and may be used to communicate information related to leagues.

League Name: (Kickball, Volleyball, Pickleball, Other) \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_, as representative of the team, \_\_\_\_\_, do hereby state that our team will abide by the Town of  
team captain/coach/manager team name

Silverthorne's policies and have read and understand the rules and regulations applying to this league. Signature \_\_\_\_\_

NAME	E-MAIL	BEST PHONE	SIGNATURE
team captain			

