

Sanford Sports Facility

At

Dickinson State University

Annual Official Roster Sheet & Waiver of Liability

Captains: I HEREBY ACCEPT FULL RESPONSIBILITY FOR THE CONDUCT OF ALL INDIVIDUALS ON THIS ROSTER CONNECTED WITH THIS TEAM AND HOLD THE SANFORD HEALTH TRAINING FACILITY AT DICKINSON STATE UNIVERSITY HARMLESS.

TEAM NAME _____ CAPTAIN _____

ADDRESS _____

PHONE _____ CAPTAIN'S EMAIL: _____

WAIVER: THE UNDERSIGNED PARTICIPANTS in consideration for the Sanford Sports Facility at Dickinson State University providing facilities, equipment, and supervision in this activity for which he/she registered does hereby: 1) assume all risks and responsibility of possible damage or injury through participation in this league. **I understand that I am to furnish my own insurance in case of injury.** 2) I certify that I am in good health and am capable of participation in this league. 3) I agree to indemnify and hold harmless the Sanford Health Training Facility at Dickinson State University, all owners, sponsors, and management from liability resulting from my participation in this league...ANY PERSON WHO DOES NOT COMPLY WITH THE RULES AND REGULATIONS OF THE SANFORD HEALTH TRAINING FACILITY OR OTHERS SET FORTH BY THE LEAGUE ORGANIZERS WILL BE EXCUSED FROM THE FACILITY.

PRINTED NAME	SIGNATURE	EMAIL ADDRESS	PHONE
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____