Dulles SportsPlex
Adult Permanent Team Roster & Waiver Form

In signing this waiver form below, I release Dulles SportsPlex & other involved parties from any claims or responsibility for injuries suffered in this league. I knowingly assume all risks associated with participation, even if arising from negligence of the participants or others, and assume full responsibility for my participation. I certify that I am in good physical condition and can participate in sports. Further, I authorize the site director to request medical treatment as necessary to insure my safety.

Also by signing below I take all responsibility for knowing and abiding by the Rules of the Dulles Sportsplex. If I do not abide by the rules of the Dulles Sportsplex I risk being banned from the facility and having my money forfeited.

Team Name:_____ Day of Games:_____ Age Group (open, over 30):_____

Sport:_____ League Type (Mens, Coed):_____ Skill Level (Division):_____

Captain Name:_____ Address:_____ Home Phone:_____

_____ Work Phone:_____

Jersey #	Player Printed Name	Player Signature	Email	Home Phone