New Albany - Floyd County Parks Department
Waiver, Alcohol Agreement, and Roster

PLEASE READ BEFORE SIGNING.

WAIVER

In consideration of my participation in the New Albany – Floyd County Parks and Recreation Department adult leagu
I hereby for myself, my heirs, executors, administrators, subrogeer and assigns, do release, waive, and discharge fore
any and all rights, actions or claims for damages which mat arise against the New Albany – Floyd County Parks a
Recreation Department, the City of New Albany, the Floyd County Board of Commissioners, their employees, officers a
agents, as well as any other persons or sponsers, as a result of my participation in said leagu
I further agree to indemnify and hold the above individuals and entities harmless from any and all claims which may
made against them as a result participation in said league. I attest and verify that I have full knowledge of the ris
involved in this activity and that I am physically fit and sufficiently trained to particpat

ALCOHOL AGREEMENT

It is illegal to carry, possess or drink alcoholic beverages in any park or at any facility**City ordinance #G77657 ®.**
This ordinance will be enforced. Possession of alcohol will result in a fine, ejection from the park or facility, and a t
game suspension per player involved. If a player is involved in a second offense for possession of alcohol, it will res
in a fine, ejection from the park, and suspension from the park or facility for a period of one ye

ROSTER

Player Name	Date of Birth	Player Signature	Date

Players must carry a photo ID while participating in leagues.

MANAGER'S AFFIDAVIT

On behalf of _____, I do hereby verify that the signatures of my teammates on the foregoing Release a
Waiver of Liability and Alcohol Policy Agreement are genuine, and that each team member personally signed s
document of his or her own volition and free will. This verification is made with full knowledge that it will be reli
upon by the New Albany – Floyd County Parks and Recreation Department, and it is made to induce said departme
to accept the signatures of my team herein
The undersigned, as manager and team representative, I understand that I am responsible for acquiring team signatur
and making team fully aware of the polices of the New Albany – Floyd County Parks and Recreation Departme

Team Name _____ Manager's Signature _____ Date _____