## **Independent Church League** Team Roster, Waiver and Minor Release Form

Enter Church Name:	Enter Coach(s) Na	ime: Select l	League:	Select Divi	sion:
<ul> <li>(ICL) and I am fully aware of the risk in damage to my property, or other conse from the activity. Being fully informed a participating in the above-described act agree to defend, indemnify and hold ha members, the City of Lacey, Lacey Park Association (USSSA) and the Olympia S claim or lawsuit for injury, illness, dama this activity.</li> <li>Men's Basketball Seasc</li> <li>I am fully aware of the risk inherent in a property, or other consequences that ma activity. Being fully informed as to thess participating in the above-described act the second second</li></ul>	ivity or program of the Independent Churc herent in this activity, including physical in quences that may arise or result directly or as to these risks and in consideration of th ivity, I assume all risk of injury, damage a rmless the Independent Church League ar s & Recreation, United States Specialty Sp specialty Sports Umpire Association (OSSU age or others loss incurred during the perior bon: this activity, including physical injury, dam ar arise or result directly or indirectly fror e risks and in consideration of the privileg tivity, I assume all risk of injury, damage a rmless the Independent Church League ar	h League I am fully awar njury, property, or otl or indirectly activity. Being i e privilege of participating in and liability. I agree to defend mage to my m the e of and liability. I	I Season: e of the risk inherent in this activit her consequences that may arise of fully informed as to these risks and the above-described activity, I as i, indemnify and hold harmless the th Sound Sports Center from any o urred during the period covered by	r result directly or indired d in consideration of the sume all risk of injury, da Independent Church Le laim or lawsuit for injury	ctly from the privilege of image and liability. ague and its board
members, Good Shepherd Lutheran Chu damage or others loss incurred during t	urch from any claim or lawsuit for injury, i the period covered by this activity.	illness,			
			Male/	If > 17	If age 13-17
First Name:	Last Name:	Player's Signatur		If > 17 Check Box:	13-17

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Submitted By Name:	Date Submitted:	Additional Comments:

When you submit the form using the Submit by E-mail button you will be ask to use your default e-mail program from your computer (Microsoft Outlook, Entourage, etc...). For additional assistance go the the following link: <a href="http://iclsports.org/helpful-tips">http://iclsports.org/helpful-tips</a>.