Orthopaedic Specialists Sports Complex

Roster & Waiver Form
5003 North Brady Street, Davenport, IA 52806
563-391-3100

Please read and fill out completely. Signatures are required. Prior to the start of the first scheduled game, completed form should be submitted to a manager of the Orthopaedic Specialists Sports Complex. No one will be permitted to play until this form is complete and received by the Orhtopaedic Specialists Sports Complex.
In Consideration of the mutual promises and agreements of the undersigned, or undersigned's child, and their heirs, executors and administrators, the undersigned does hereby waive and release any and all injuries or damages suffered by himself, herself, or their child before, during, or after any activities sponsored or involving the Orhtopaedic Specialists Sports Complex or its agents. The Undersigned acknowledges that the activities engaged in by the undersigned or their minor child have certain risks. Notwithstanding these assumed risks the undersigned agrees to permit the Minor or undersigned to engage in said activities at their sole risk and expense The Orthopaedic Specialists Sports Complex and its agents shall not be liable for any resulting injuries or negligence of the Orthopaedic Specialists Sports Complex. The undersigned further agrees to reimburse the Orthopaedic Specialists Sports Complex for any and all cost of litigation and attorney's fees of the Orhtopaedic Specialists Sports Complex in the event of a claim against the Orthopaedic Specialists Sports Complex or its agents.

Team Name:__________ **Sport:**__________ **Gender:**__________ **Age:**______

Contact Person:____________________ **Phone:**__________ **Fax:**__________

email____________________

Players Name/Age	**Address/City/Zip**	**Player/Parents Signature**	**Phone**