EDISON RECREATION DEPARTMENT ATHLETIC PROGRAM LIABILITY WAIVER AND ROSTER

TEAM NAME	
-	

I will participate in an athletic program sponsored by the Edison Township Recreation Department.

I hereby assume full responsibility for any expenses incurred as the result of any injury incurred through my participation in this activity.

I will not hold the Edison Township Recreation Department, its personnel or Edison Township responsible for any losses that may occur.

***IN SIGNING THIS LIABILITY WAIVER, I HAVE READ THE ABOVE AND FULLY UNDERSTAND THE CONDITIONS OF PARTICIPATION IN THIS RECREATION ACTIVITY. ***

PLEASE PRINT

THIS WAIVER MUST BE FULLY COMPLETED OR IT WILL NOT BE ACCEPTED

PLAYER NAME	HOME ADDRESS	CITY	ZIP CODE	SIGNATURE	HOME PHONE	WORK PHONE	DATE