

**Fayetteville Parks and Recreation
Adult Softball Program
Player Addition Form**

Team Name _____

Division _____

Player Name _____

Address _____

City _____ State _____ Zip Code _____

Work Phone _____

Home Phone _____

I assume all risks and hazards directly to and incidental to participation in the City of Fayetteville Softball Program. I hereby waive, release, absolve, indemnify and agree to hold harmless the City of Fayetteville, the sponsors, supervisors and participants for any claim arising out of my injury.

Player's Signature _____

Team Captain's Signature _____