



Date

Team Name

Season	Spring/Summer	Fall	
League	Sunday Men's	Sunday Co-ed	Wednesday Men's
Division	C/D (Recreational)	E (Competitive)	

Manager's Name

Address

Phone

Email

Assistant Manager's Name

Address

Phone

Email

In consideration of the acceptance of this team registration form, I do hereby forever release and discharge the City of Council Bluffs, its agents and employees, and the instructor or any person acting on his or her behalf from all claims and causes of action which I or my heirs, executors, or assigns may now have or may hereafter have on account of property damage or personal injury, including death, alleged to have been incurred by me as a direct or indirect result of my participation in said program, including but not limited to any claims alleging negligence on the part of any person, or any claim alleging injuries caused by a defect in any property used in conjunction with said program, whether or not said property is owned by the City of Council Bluffs.

Manager's Signature:

Assistant Manager's:

