

# *DCA Women's Basketball league*

## **Basketball Team Roster**                      **2021-22 Season**

Name of Team: \_\_\_\_\_

Name of Coach: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

The above Team, coaches, and players agree to support the objectives of the DCA Women's Basketball League and the rules and regulations.

The coaches and players named below further agree that they will not hold the DCA Women's Basketball League, its officers, game officials, school or anyone associated with the organization and/or execution of Women's Basketball League activities liable or responsible in any way for any injury that may occur during an athletic contest.

Submitting a roster and league entry fee indicates that your team is available to play anytime 9am-6pm each Saturday during the season. Scheduling requests are allowed, but are not guaranteed to be accommodated. If denied, the team is expected to play as scheduled; the league entry fee is non-refundable.

### Players

1. \_\_\_\_\_

9. \_\_\_\_\_

2. \_\_\_\_\_

10. \_\_\_\_\_

3. \_\_\_\_\_

11. \_\_\_\_\_

4. \_\_\_\_\_

12. \_\_\_\_\_

5. \_\_\_\_\_

13. \_\_\_\_\_

6. \_\_\_\_\_

14. \_\_\_\_\_

7. \_\_\_\_\_

15. \_\_\_\_\_

8. \_\_\_\_\_

Signature of Coach \_\_\_\_\_

Date \_\_\_\_\_

# Basketball Individual Release Waiver and Liability 2021-22 Season (2022)

First Name \_\_\_\_\_ Street Address \_\_\_\_\_  
Last Name \_\_\_\_\_ City \_\_\_\_\_  
Date of Birth \_\_\_\_\_ State, Zip Code \_\_\_\_\_  
Team Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

In consideration of my being permitted by the DCA Women's Basketball League (hereafter known as the WBL) to participate in its women's basketball program, I agree to the following waiver and release, and I make the following representations:

I acknowledge the inherent risks in the sport of basketball. I realize that these risks include running outside the court of play and contacting the wall, scorer's table, chairs, bleachers, spectators, etc. I further understand that there is the risk of making contact (or not making contact) with another player that may result in an injury to an ankle, knee, head, etc. I understand that these are unforeseeable accidents and I assume all risks associated with such accidents even though I cannot foresee them. **INITIAL HERE:** \_\_\_\_\_

I am physically fit and know of no medical or health reason why I should not participate in WBL basketball. I also acknowledge the risk of contracting COVID-19, the disease associated with the coronavirus, during interaction with players of my own team, my opponent, spectators, and facility personnel. I agree to assume all risk of personal injury or illness including paralysis and death that may occur while I am in the gym. I hereby release the WBL, its officers, its game officials, scorekeepers, the facility in which the WBL holds its contests, and the facilities' employees from all liability for any such personal injury that I may incur. This release even extends to injuries that may occur through the NEGLIGENCE of gym employees or other parties released. **INITIAL HERE:** \_\_\_\_\_

This release applies to and binds my personal representative, heirs, and my family. If a member of my family accompanies me to the gym, I make this release and these representations on his or her behalf as well as my own and I assume responsibility for his or her safety. **INITIAL HERE:** \_\_\_\_\_

This release is a binding contract. I have read and understand the Rules and Regulations posted by the WBL on its website and agree to abide by those Rules and Regulations always. I understand that this release is a contract. I sign it of my own free will. I understand that this contract is severable; in other words, that if any part of it is held by a court of law to be unenforceable, the rest of it shall survive. **INITIAL HERE:** \_\_\_\_\_

**I HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE Douglass Community Association AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST Douglass Community Association FOR PERSONAL INJURY OR PROPERTY DAMAGE.**

In the event of an emergency, please contact the following person(s) in the order presented:

Emergency Contact	Contact Relationship	Contact Telephone
_____	_____	_____

**I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ENTIRE DOCUMENT.  
I HAVE READ IT, UNDERSTAND IT, AND AGREE TO BE BOUND BY ITS TERMS.**

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_  
Printed Name \_\_\_\_\_