BASKETBALL 5x5

TEAM ROSTER & LIABILITY RELEASE 2026

411 Second Street • Solvang, California 93463 • Telephone (805) 688-7529

Always exhibit sportsmanship and honesty. And have some fun.

TEAM ROSTER-LIABILITY RELEASE

By signing below, I fully understand that my participation in the Adult Basketball League exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, or property damage. I hereby acknowledge that I am voluntarily participating in this league and agree to assume any such risks. I hereby release, discharge and agree not to sue the Cities of Buellton or Solvang for any injury, death or damage to or loss of personal property arising out of, or in connection with, my participation in the league from whatever cause, including the active or passive negligence of the Cities of Buellton, Solvang or any other participants in the league. The parties to this AGREEMENT understand that this document is not intended to release any party from any act or omission of "gross negligence," as that term is used in applicable case law and/or statutory provision. In consideration for being permitted to participate in the league, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I shall indemnify and hold harmless the Cities of Buellton and Solvang from any and all claims, demands actions or suits arising out of or in connection with my participation in the league.

I HAVE CAREFULLY READ THIS RELEASE, HOLD HARMLESS AND AGREEMENT NOT TO SUE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND SIGN IT ON MY OWN FREE WILL.

UNSIGNED OR ILLEGAL PLAYERS/MANAGER ARE SUBJECTING TEAM TO A FORFEIT AND POSSIBLE FURTHER ACTIONS.

TEAM NAME:_____ E-MAIL:_____

MANAGER:_____SIGNATURE:_____ PHONE (H):_____ PHONE (C):_____

ADDRESS/CITY/ZIP:_____JERSEY COLOR:_____ DATE:_____

PLEASE **FILL IN** FORM COMPLETELY & PRINT LEGIBLY, INCLUDE JERSEY NUMBER TEN-PERSON ROSTER

NAME	JERSEY #	MAILING ADDRESS	CITY	ZIP	PHONE	SIGNATURE	DATE
1							
2							
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