

## FLATHEAD COUNTY WEED, PARKS & RECREATION

**TOTAL PAID \$** 

309 FFA Drive - Kalispell, Montana 59901 406.758.5798 or 406.758.5800; Fax: 406.758.5888

## 2015 Adult Softball Roster Deadline to submit: May 15, 2015

Team Name		Team Categor	Team Category (circle one): Co-Ed Men Women Church				
Team Sponsors							
Manager's Name		Manager's Sig	Manager's Signature				
Address			City, State, Zip				
and of my own free will, ele involved in participating in hold at fault or sue Flathea	iability and Indemnification Agreement ect to participate as a member of the playing softball that may result in in d County, its employees and/or any ivity. I also agree to hold harmless of	ent: I, the undersigned e softball team indicate jury or death to other of its sponsoring agenc	d player, acknowledge, agre ed above. 2) I understand players or to me. I hereby ies, groups or individuals as	e & understand that: that there are certain release, discharge and	1) I vo risks a d agree	oluntarily nd hazards not to	
PLAYER FEE \$15 EACH							
PLAYER NAME	PLAYER SIGNATURE	PHONE	EMAIL		CASH	CHECK #	