

2020 TEAM ROSTER & PLAYER INFORMATION (PLEASE PRINT)

Team Name _____

Night _____

	FULL NAME (LAST/FIRST)	ADDRESS (STREET, CITY, ZIP)	PHONE	PLAYER SIGNATURE
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Indemnity / Insurance Rider

All teams and players covenant that they are participating in this sport at their own risk and will therefore, not make any claim whatsoever against the Township of Woodbridge or any agent or employee of the Township for any injury to property or person (including death) which may arise out their participation in the sports. Further, all teams and players covenant to Indemnify hold the township harmless and defend (upon request) the township against any claim made against the township for any injury to property or person (including death). All teams and players also covenant that they have obtained certificates of insurance the township, as an additional insured in an amount not less than \$500,000 per person for each accident involving bodily injury and \$1,000,000 aggregate coverage.