

CITY OF SANTA CRUZ PARKS AND RECREATION DEPARTMENT

SUMMER BOCCE BALL LEAGUE 2019



323 CHURCH STREET, SANTA CRUZ, CA (831) 420-5270/420-5271 (Fax)

TEAM NAME: _____

MANAGER: _____ HM. PHONE: _____ CL. PHONE: _____

ADDRESS: _____

CITY: _____ ZIP: _____

Note: All information must be clearly legible, accurate, and verifiable. **Players: Complete both sides**

PLAYER NAME (print)	STREET ADDRESS*	CITY	ZIP	HOME PHONE	Office Use NR Fee? \$20 or ✓
01. _____	_____	_____	_____	_____	_____
02. _____	_____	_____	_____	_____	_____
03. _____	_____	_____	_____	_____	_____
04. _____	_____	_____	_____	_____	_____
05. _____	_____	_____	_____	_____	_____
06. _____	_____	_____	_____	_____	_____
07. _____	_____	_____	_____	_____	_____
08. _____	_____	_____	_____	_____	_____
09. _____	_____	_____	_____	_____	_____

**Current Proof of residency required; copy of driver's license, utility bill or bank account deposit slip.
City boundaries are approximately Natural Bridges State Beach to the Santa Cruz Yacht Harbor.*

PO Box is not a valid proof of residency

All information provided on the front and back of this form is valid and verifiable. **Complete both sides.**

MANAGER'S SIGNATURE: _____ DATE: _____

Office Use Only:

Previous league: _____ Priority: _____ League fee: \$ _____

Previous season/record: _____ Non-res fee: \$20 x _____: \$ _____

Note: _____ Total due at registration: \$ _____

BOCCE BALL - Player Waiver, Release of Liability and Indemnification Agreement

I, the undersigned player, acknowledge, agree and understand that:

1. I, voluntarily elect to participate in the Bocce Ball League, and in consideration for the City of Santa Cruz's agreement to allow my participation, I agree to accept and abide by City Parks and Recreation league rules and the SANCRA Code of Conduct. I further agree to abide by and obey all rules and laws while I am on City property and in connection with my participation. I acknowledge that my failure to obey the rules, code of conduct or laws will be cause for the City, without warning and without any refund of fees, to forfeit one or more of my team's games or to expel me or my entire team from the sport/league.

2. I understand that there are certain risks and hazards involved in participating in the Bocce Ball League, including but not limited to, uneven or slippery surfaces, unpredictable weather conditions that may result in injury or death. I voluntarily elect to accept and assume all risks of injury known or unknown, incurred or suffered by me while participating in this activity.

3. In consideration of participation in this activity, I, on behalf of myself, my heirs, and agents, hereby agree to release, hold harmless, indemnify and defend the City of Santa Cruz, its officials, officers, agents, employees, and volunteers from any and all claims or liability, damages, and expenses (including attorneys' fees and defense costs) for bodily injury or property damage arising in any way or related to my participation in the above activity. My duty to release, hold harmless, indemnify and defend the City of Santa Cruz shall not apply only when: 1) injury to person or property damage arises solely from the negligence or willful misconduct of the City or its agents or employees or volunteers, and (2) I have contributed in no part to the bodily injury or property damage. I hereby give the City of Santa Cruz Parks and Recreation Department the right to use photographs taken of me while participating in the above activity for reproduction in any medium for purpose of advertising, trade, display, exhibition, or editorial use.

Name of Team

City of Santa Cruz

Field Owner of Other Entity

I HEREBY CERTIFY THAT I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I FURTHER CERTIFY MY UNDERSTANDING THAT THIS AGREEMENT CONSTITUTES A RELEASE OF ALL CLAIMS AGAINST CITY OF SANTA CRUZ AND AGAINST ALL OTHERS MENTIONED IN THE AGREEMENT.

I FURTHER UNDERSTAND AND CERTIFY THAT BY EXECUTION OF THIS AGREEMENT I AM VOLUNTARILY ASSUMING ALL RISK INHERENT IN MY AND/OR MY CHILD'S(GUARDIAN'S) PARTICIPATION IN THE ABOVE-REFERENCED ACTIVITY.

I ACKNOWLEDGE THAT I AM VOLUNTARILY SIGNING MY NAME TO THIS AGREEMENT AND BY DOING SO AM ACCEPTING ITS TERMS AS BINDING UPON MYSELF, MY CHILD, MY HEIRS, EMPLOYEES, AGENTS, LEGAL REPRESENTATIVES, AND ASSIGNS.

NAME (print)	SIGNATURE	DATE	EMAIL ADDRESS
01. _____			
02. _____			
03. _____			
04. _____			
05. _____			
06. _____			
07. _____			
08. _____			
09. _____			

All information provided on the front and back of this form is valid and verifiable.

MANAGER'S SIGNATURE: _____ **DATE:** _____