

ADULT SPORTS FREE AGENT FORM

ADULT SPORT LEAGUES

Sport/League of Choice: _____

Date of Birth: _____

If you are picked up by a team or join a team, please notify us so that we may remove your name from our adult sports free agent list.

I, the undersigned, do hereby agree to allow the Union City Sports Center Adult Sports program to share my contact information with others interested in participating in adult sports and publish my e-mail address and phone number on their on-line adult sports free agent listing.

NAME _____ (Last) _____

ADDRESS _____ CITY _____ ZIP _____

PHONE(Day) _____ (cell) _____

E-MAIL ADDRESS _____

Signature: _____

Date: _____

Please note that by signing the free agent form does not guarantee play.

I the undersigned, agree to indemnify and hold harmless the City of Union City from any loss or liability which is alleged to have resulted from my participation in this program. I have read and understand the activity description listed in the Union City Leisure Services Department Activity Guide, and I comprehend all the risks involved by participating in that activity. I hereby give my dependants permission to participate in the activities indicated and in doing so, absolve the City of Union City, its employees, volunteers, contractors and officers from liability. I also grant full permission to any and all of the foregoing to use my name and any photographs, videographs, motion pictures or recordings for any publicity and promotion purposes without obligation or liability to me.