



**City of Portage Parks & Recreation Department**

2100 Willowcreek Rd | Portage, IN 46368

219-762-1675 | [parks@portage-in.com](mailto:parks@portage-in.com)

Date: \_\_\_\_\_

Season: Fall 2025 Adult Softball

Team Name: \_\_\_\_\_ League: \_\_\_\_\_

Captain Name: \_\_\_\_\_

Captain Phone: \_\_\_\_\_ Captain Email: \_\_\_\_\_

Captain Address: \_\_\_\_\_

**WAIVER**

This roster must be completed in its entirety prior to being submitted to the Parks Department. Signatures are required by all team members before they are permitted to participate. Any falsification of signatures will result in a discharge from the program and a forfeiture of any fees that were paid. By signing this roster, you acknowledge that there are risks associated with participation in the above listed program, and that you freely assume responsibility for those risks. You also agree to hold harmless and release all liability from the City of Portage, the Parks & Recreation Department along with all its employees, agents, volunteers, and participants from any and all damages, claims, injuries, or other actions resulting from participation in the above listed program.

<b>PRINTED NAME</b>	<b>CITY</b>	<b>EMAIL</b>	<b>SIGNATURE-WAIVER</b>
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**PRINTED NAME**

**CITY**

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