



Conejo

Recreation & Park District

SPORTS REQUEST FOR ROSTER CHANGE

Team Name: _____ Date: _____ League: _____

Sport: Volleyball _____ Softball _____ Basketball _____ Soccer _____

Player(s) requesting to be dropped:

Note: Player(s) may be added to a team roster only to replace a player(s) unable to participate due to injury, illness, or extenuating circumstances (see manager’s handbook). A statement of verification from a doctor, employer, etc, may be required. Players dropped are ineligible for remainder of season.

In consideration for being permitted by the Conejo Recreation & Park District (“CRPD”), City of Thousand Oaks (“CTO”), Conejo Open Space Conservation Agency (“COSCA”), Conejo Valley Unified School District (“CVUSD”), and City of Westlake Village (“WLV”) to participate in the above activities, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activities. This release is intended to discharge in advance the CRPD, CTO, COSCA, CVUSD, and WLV (collectively “entities”) (including their officers, employees, volunteers, and agents) from any and all liability arising out of or connected in any way with my participation in said activities, even though that liability may arise out of active or passive negligence or carelessness on the part of the persons or entities mentioned above. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs, administrators, executors, and assigns, and that I shall indemnify and to hold the above persons or entities (including its officers, employees, volunteers, and agents) free and harmless from any loss, liability, damage, cost, or expense which may arise out of or is connected in any way with my participation in said activities. Additionally, I fully understand that my participation in the above-referenced activities exposes me to the risk of personal injury, death, communicable diseases, illnesses, viruses, and/or property damage. I hereby acknowledge that I am voluntarily participating in this activity and agree to assume any such risks. PHOTOGRAPHIC RELEASE: I understand that photographs may be taken during these activities and hereby grant CRPD permission to use any such photo(s) for advertising or in promotional materials. I UNDERSTAND IMPORTANT INFORMATION is available regarding 1) concussions that may occur during physical activities, and 2) information regarding the use of opioids, and acknowledge receipt of the information via www.crpdp.org/concussion and www.crpdp.org/opioid. CONSENT FOR EMERGENCY MEDICAL TREATMENT: As the participant or the parent, legal guardian, or appointed conservator of the participant of this program, I hereby give consent to CRPD to obtain all medical or dental care for myself or my dependent as prescribed by a duly licensed medical professional. This care may be given for whatever conditions are necessary to preserve the life, limb, and well-being of myself or my dependent. I UNDERSTAND CRPD HAS A CODE OF CONDUCT (www.crpdp.org/conduct) AND AGREE TO ABIDE BY ITS POLICIES AND CONDITIONS.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER, AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE ORGANIZATIONS AND I SIGN IT OF MY OWN FREE WILL.

PRINT NAME	SIGNATURE	ADDRESS	CITY	ZIP	PHONE #
1. _____	_____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____

MANAGERS SIGNATURE: _____