NORTH DURHAM LADIES LOB BALL LEAGUE
TEAM ROSTER AND WAIVER FORM

For the Team: _____ Year: 2019

I, the undersigned, understand and acknowledge that I am solely responsible for my actions and outcomes while partaking in any activities affiliated with the North Durham Ladies Lob Ball League (NDLLL). Neither NDLLL, nor its individual Executive members, nor the Community Services Department, Municipality of Clarington will be responsible for any loss or damage to my personal property, or for any injuries caused or sustained by myself during or resulting from activities related to NDLLL. I understand the guidelines as set by the NDLLL League Rules. I understand that negligence of any of these conditions may result in my expulsion or my team's expulsion from NDLLL without refund. By signing below, I understand and agree to these terms and conditions.

Team Contact 1 _____ Tel # _____(h) E- mail: _____

Team Contact 2 _____ Tel # _____(h) E- mail: _____

Date of Birth	Name	Signature	Telephone #	Address	Date