



# ADULT BASKETBALL LEAGUE ROSTER

TEAM NAME		GENERAL MANAGER*		SEASON	YEAR
MAILING ADDRESS*		CITY	ZIP	SPONSOR (if any)	
HOME PHONE*	WORK PHONE*	MOBILE PHONE*		EMAIL*	
FIELD MANAGER* (Complete only if Field Manager is different from General Manager)		HOME PHONE*		WORK PHONE*	

**I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THE AGREEMENT AND RELEASE ATTACHED TO THIS ROSTER AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED BELOW: BY SIGNING, I ACKNOWLEDGE AND UNDERSTAND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE CITY OF IRVINE AND THAT I AM OBLIGING MYSELF TO DEFEND, INDEMNIFY, AND HOLD HARMLESS THE CITY OF IRVINE AGAINST THIRD-PARTY CLAIMS.**

NAME*	WAIVER SIGNATURE*	HOME PHONE*	CITY	EMPLOYER*	WORK PHONE*	CITY	FOR OFFICE USE ONLY		
							R-ID	E-ID	ID
1.									
2.									
3.									
4.									
5.									
6.									
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14.									
15.									
16.									

**BY SIGNING THE ABOVE ROSTER, YOU AGREE TO THE FOLLOWING AGREEMENT AND RELEASE. PLEASE READ IT CAREFULLY, THIS AGREEMENT IMPACTS YOUR LEGAL RIGHTS.**

## CITY OF IRVINE

### Agreement and Release Relating to Participation in Sports and Recreational Activities and COVID-19

The novel coronavirus, also known as COVID-19 ("COVID-19"), has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread via person-to-person contact and/or by contact with contaminated surfaces and objects, and even possibly in the air. People can be infected and show no symptoms and therefore spread the disease. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death.

**The risks of injury, loss, and illness (including but not limited to COVID-19) from the activities involved in this program are significant, including but not limited to the potential for serious injury, permanent paralysis, disability, and death.**

**City of Irvine cannot prevent you or others from injury, loss, and illness (including but not limited to COVID-19) while participating. Therefore, if you choose to participate, you may be increasing the risk of suffering significant injury, loss or illness, including but not limited to contracting and/or spreading COVID-19.**

### PARTICIPANTS AND/OR LEGAL GUARDIANS OF PARTICIPANTS AGREE TO THE FOLLOWING:

**ASSUMPTION OF RISK: I have read and understood the above warning concerning injury, loss, and illness, including but not limited to COVID-19. I am aware that the activity/activities to which this release applies can be dangerous and that I and others may suffer injury, loss, death, or other expense, or be exposed to and/or contract illnesses such as COVID-19 by participating. I understand and acknowledge that such exposure or infection may result in personal injuries, death, expense, permanent disability, disease, property losses, and/or other losses unknown to any party at this time.** I acknowledge that this risk may result from or be increased by the actions, omissions, or negligence of others, including but not limited to the City of Irvine and its officers, clients, agents, volunteers, and employees.

In order to participate, **I hereby choose to accept and assume all risks of personal injuries, death, expense, permanent disability, disease, property losses, and other loss**, known or unknown to any party at this time, arising from my participation whether caused by the ordinary negligence of the City of Irvine and its officers, clients, agents, volunteers, and employees, or otherwise, for myself.

**WAIVER OF LAWSUIT/LIABILITY AND INDEMNIFICATION:** In consideration of accepting this registration to participate in any way in sports and/or recreation activities in the calendar year 2021, and to the fullest extent permitted by law, **I hereby agree to release, waive, discharge, indemnify, defend, and hold harmless the City of Irvine and its officers, clients, agents, volunteers, and employees from and against any and all liabilities, claims, penalties, losses, or expenses (including attorneys' fees), of any kind or nature whatsoever, whether related to personal injury, death, communicable diseases, illnesses, viruses (including but not limited to COVID-19), property damage or any other form of injury or loss to myself, whether caused by any negligent act or omission of the City of Irvine or its officers, clients, agents, volunteers, or employees, or otherwise arising out of or in any way related to participation in the activity/activities for which I register to participate in any way.** I hereby covenant not to make or bring any such claim or demand against the City of Irvine or its officers, clients, agents, volunteers, or employees

**COVENANT REGARDING COVID-19:** I understand that the City of Irvine expects all participants to self-monitor for symptoms of COVID-19 and NOT participate in any activities sponsored by the City of Irvine if the participant is experiencing any symptoms of COVID-19. Prior to participating in any activity sponsored by the City of Irvine, I agree to take my temperature and monitor whether I have symptoms of COVID-19. This agreement to self-monitor for symptoms applies to each day and time a participant intends to attend an activity sponsored by the City of Irvine (for example, if a class is every Monday for four weeks, the participant will self-monitor each of the four Mondays and not attend any Monday that the participant experiences symptoms).

I agree to strictly, and without exception, follow all local, state, and federal laws, orders, directives, and guidelines related to COVID-19, including the Centers for Disease Control and Prevention (CDC) guidance on COVID-19 that are in effect at the time the activity occurs ("COVID-19 Requirements"), including but not limited to wearing a mask during and when observing the sport or recreational activity, and weekly testing, if applicable. I agree and understand that failure to comply with the COVID-19 Requirements may result in a partial or permanent ban from participation in sports or recreational activities, and that any fee or expense paid in connection with participation in such sport or recreational activity will not be refunded.

**I agree to not participate in any activity sponsored by the City of Irvine under the following conditions:**

- I am experiencing symptoms of COVID-19, such as a dry cough, fever, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of sense of smell and/or taste.
- I have been advised by a medical professional that I am COVID-19 positive or presumptive COVID-19 positive, unless I have also been told by a medical professional that I have fully recovered from COVID-19 and am no longer contagious.
- I have come in contact in the last 14 days with a person who has been confirmed to have or suspected of having COVID-19.

**PERMISSION TO PHOTOGRAPH:** I give permission to the City of Irvine to take photographs of me while participating in this activity/activities for use in future City of Irvine publicity, and understand that I will not receive any compensation for such use.

**AGREEMENT TO CITY'S REGISTRATION, CANCELLATION, WITHDRAWAL & REFUND POLICIES:** By agreeing to this waiver, I am also agreeing to the **City's Registration Cancellation, Withdrawal & Refund Policies**, available by clicking the Policies button on the [yourirvine.org](https://yourirvine.org) home page or on the City's website at [cityofirvine.org/insideirvine](https://cityofirvine.org/insideirvine).

**SEVERABILITY:** If any part of this Agreement and Release is held to be invalid or legally unenforceable for any reason, the remainder of this provision shall not be affected thereby and shall remain valid and fully enforceable.

# ADULT BASKETBALL LEAGUE

# QUESTIONNAIRE

Please answer the questions below.

1. INDICATE BY PRIORITY (1, 2, 3, 4) WHAT NIGHT YOU WISH TO PLAY:

\_\_\_\_\_ MONDAY                      \_\_\_\_\_ THURSDAY  
\_\_\_\_\_ TUESDAY                      \_\_\_\_\_ FRIDAY  
\_\_\_\_\_ WEDNESDAY                      \_\_\_\_\_ SUNDAY

2. INDICATE BY PRIORITY (1, 2, 3) IN WHICH LEAGUE LEVEL YOU WISH TO PLAY:

\_\_\_\_\_ MENS 6'2 AND UNDER                      \_\_\_\_\_ MENS OPEN HEIGHT  
\_\_\_\_\_ MENS MASTERS (35+)                      \_\_\_\_\_ WOMENS

3. INDICATE BY PRIORITY (1, 2, 3) WHICH SKILL LEVEL YOU WANT TO PLAY:

\_\_\_\_\_ A LEAGUE (HIGHEST)                      \_\_\_\_\_ C LEAGUE  
\_\_\_\_\_ B LEAGUE                      \_\_\_\_\_ D LEAGUE (LOWEST)

4. HAVE YOU PREVIOUSLY PLAYED IN IRVINE'S ADULT LEAGUE?

NO

YES

5. WHAT WAS YOUR TEAM NAME AND WHO WAS YOUR MANAGER?

TEAM NAME \_\_\_\_\_

MANAGER\* \_\_\_\_\_

6. WHAT WAS YOUR TEAM'S RECORD?

\_\_\_\_\_ WINS

\_\_\_\_\_ LOSSES

7. WHAT PERCENT OF ROSTERED PLAYERS ARE RETURNING FROM LAST SEASON PLAYED?

\_\_\_\_\_ 0 - 25%

\_\_\_\_\_ 51 - 75%

\_\_\_\_\_ 26 - 50%

\_\_\_\_\_ 76 - 100%

8. IF WE ARE UNABLE TO CONTACT YOU REGARDING YOUR TEAM, WHAT OTHER PLAYER OR PERSON SHOULD WE CONTACT?

NAME\* \_\_\_\_\_

PHONE\* \_\_\_\_\_

EMAIL\* \_\_\_\_\_