WILLIAMSON COUNTY
PARKS & RECREATION
1120 HILLSBORO ROAD, FRANKLIN, TN 37064 790-5719
ATHLETICS DIVISION – 370-3471

# MANAGER'S CONTRACT AND TEAM ROSTER

**Team Name:** _____

**Manager's Name:** _____ **Phone:** _____

**Address:** _____ **City / Zip:** _____

**E-Mail Address:** _____

**Alternate Contact & E-Mail:** _____

I, the undersigned, agree that I will play for the above named team and will abide by all the rules as outlined in the constitution and by-laws governing the league, and all policies set up by the Williamson County Park & Recreation Department.

Also, in consideration of being allowed to participate in the Williamson County adult league, I, the undersigned, do hereby agree to hold the league, it's executive officers, the Williamson County Parks & Recreation Department, the City of Fairview, the Franklin City Parks, the Brentwood City Parks, Williamson County Government, it's employees, and officials, and the City of Franklin and the City of Brentwood and it's employees and officials immune from any liability, for either personal injury or property damage which may be incurred during my participation in all league sponsored events and activities. I understand and acknowledge that no insurance is provided and I understand that I am solely responsible for any medical or other expenses that may arise by virtue of any injury I may incur while participating in the league. I understand that WCPR staff may photograph or film various Parks and Recreation Department Activities, and that my image may be included in such photographs in the course of participating in those activities. I hereby give consent for WCPR staff to use any such photographs or film on its website for media or promotional activities. I understand that WCPR will use such images for its own website, media, or other promotional purposes and will not sell my image for any commercial use.

As manager/sponsor/responsible party of the above referenced team, I agree to be responsible for all fees associated with league play. I understand that should Williamson County Parks and Recreation Department have to bring suit to collect any amounts due, I will be responsible for the court costs and the reasonable attorney's fees related to such action. I fully understand the terms contained in this document shall be legally binding on the undersigned individual, their heirs, executors, administrators, and successors.

Signature: _____

# WCPRD ATHLETICS ROSTER / PLAYER CONTRACT

**Team Name:**_____

I, the undersigned, agree that I will play for the above named team and will abide by all the rules as outlined in the constitution and by-laws governing the league, and all policies set up by the Williamson County Park & Recreation Department. Also, in consideration of being allowed to participate in the Williamson County adult league, I, the undersigned, do hereby agree to hold the league, it's executive officers, the Williamson County Parks & Recreation Department, the City of Fairview, the Franklin City Parks, the Brentwood City Parks, Williamson County Government, it's employees, and officials, and the City of Franklin and the City of Brentwood and it's employees and officials immune from any liability, for either personal injury or property damage which may be incurred during my participation in all league sponsored events and activities. I understand and acknowledge that no insurance is provided and I understand that I am solely responsible for any medical or other expenses that may arise by virtue of any injury I may incur while participating in the league. I understand that WCPR staff may photograph or film various Parks and Recreation Department Activities, and that my image may be included in such photographs in the course of participating in those activities. I hereby give consent for WCPR staff to use any such photographs or film on its website for media or promotional activities. I understand that WCPR will used such images for its own website, media, or other promotional purposes and will not sell my image for any commercial use.

1. Name (Print)_____ Signature:_____

   Address:_____ City & Zip:_____

   E-Mail Address:_____ Phone:_____

2. Name (Print)_____ Signature:_____

   Address:_____ City & Zip:_____

   E-Mail Address:_____ Phone:_____

3. Name (Print)_____ Signature:_____

   Address:_____ City & Zip:_____

   E-Mail Address:_____ Phone:_____

4. Name (Print)_____ Signature:_____

   Address:_____ City & Zip:_____

   E-Mail Address:_____ Phone:_____

5. Name (Print)_____ Signature:_____

   Address:_____ City & Zip:_____

   E-Mail Address:_____ Phone:_____

**Team Name:**_____

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6. Name (Print)_____ Signature:_____

   Address:_____ City & Zip:_____

   E-Mail Address:_____ Phone:_____

7. Name (Print)_____ Signature:_____

   Address:_____ City & Zip:_____

   E-Mail Address:_____ Phone:_____

8. Name (Print)_____ Signature:_____

   Address:_____ City & Zip:_____

   E-Mail Address:_____ Phone:_____

9. Name (Print)_____ Signature:_____

   Address:_____ City & Zip:_____

   E-Mail Address:_____ Phone:_____

10. Name (Print)_____ Signature:_____

    Address:_____ City & Zip:_____

    E-Mail Address:_____ Phone:_____

**Team Name:**_____

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11. Name (Print)_____ Signature:_____

    Address:_____ City & Zip:_____

    E-Mail Address:_____ Phone:_____

12. Name (Print)_____ Signature:_____

    Address:_____ City & Zip:_____

    E-Mail Address:_____ Phone:_____

13. Name (Print)_____ Signature:_____

    Address:_____ City & Zip:_____

    E-Mail Address:_____ Phone:_____

14. Name (Print)_____ Signature:_____

    Address:_____ City & Zip:_____

    E-Mail Address:_____ Phone:_____

15. Name (Print)_____ Signature:_____

    Address:_____ City & Zip:_____

    E-Mail Address:_____ Phone:_____

**Team Name:**_____

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16. Name (Print)_____ Signature:_____

    Address:_____ City & Zip:_____

    E-Mail Address:_____ Phone:_____

17. Name (Print)_____ Signature:_____

    Address:_____ City & Zip:_____

    E-Mail Address:_____ Phone:_____

18. Name (Print)_____ Signature:_____

    Address:_____ City & Zip:_____

    E-Mail Address:_____ Phone:_____

19. Name (Print)_____ Signature:_____

    Address:_____ City & Zip:_____

    E-Mail Address:_____ Phone:_____

20. Name (Print)_____ Signature:_____

    Address:_____ City & Zip:_____

    E-Mail Address:_____ Phone:_____