



SPAR Athletics Adult Team Roster



Team _____ Sport _____ Year _____

	PRINT NAME	WAIVERS (SPAR Office Only)	ID'S (SPAR Office Only)
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It is agreed that by signing this roster and participating in the SPAR Event, that I hereby agree to hold The City of Shreveport, Shreveport Public Assembly and Recreation, its staff, officers, and employees harmless for any liability or claims for damages for the loss of life or injury or damages to persons or property resulting from the participation in this SPAR Event, described for any activities conducted associated with the SPAR Event. I understand the hazards and dangers involved in the sport and/or environment and will use my own insurance, if needed.