

# TEAM WAIVER FORM



Team Name \_\_\_\_\_

Team Manager \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Must be 16 years of age or older to participate in Adult Sports**

Name	Address	Phone	Waiver Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

**\*All team members or parents/legal guardians for those under the age of 18 must read the waiver on the back of this form and sign in the area provided above.**

I hereby acknowledge and understand that my participation, or the participation of my minor child(ren) whose names appear below, in recreational activities sponsored by the City of Hurricane or Washington County School District may involve bodily and/or emotional injury and death to me and/or my child(ren). In consideration of me or my child(ren) being able to participate in such events, I, for myself, my child(ren), my heirs, assigns, executors and administrators, hereby assume all risk of such injury or death, and do hereby voluntarily and knowingly indemnify, hold harmless, defend, release, waive and discharge the City of Hurricane, its officers, employees, and any volunteers or owner of property where such event or activity is held, from any and all suits, claims or liability, including negligence, based on any injury except that caused solely by the willful misconduct of the City of Hurricane that may result from me or my child(ren)'s participation in activities or events sponsored by the City of Hurricane Recreation Department. In addition,

#### GENERAL LIABILITY WAIVER

I agree that I or my insurance company shall be responsible and liable to pay for all medical and emergency services expenses or other expenses resulting from me or my child(ren)'s participation in such events or activities. The undersigned agrees that, prior to his/her or his/her minor child(ren)'s participation in any such event or activity, he/she shall be responsible to inspect the facilities and/or equipment to be used, and that any participation in such event or activity shall constitute his/her acceptance of such facilities and/or equipment in an "as is" condition. The undersigned further agrees that if he/she believes that at any time an unsafe condition exists, he/she will immediately advise their coach or supervisor of such condition(s) and thereafter refuse to participate. I hereby authorize and give my consent to the staff/coaches of the Hurricane City Recreation Department, Washington County School District to act in my behalf as an individual, parent or guardian in accordance with their best judgment in the case of an emergency, including the authorization of emergency medical treatment or first aid for me or my minor child(ren), if I am not present or am otherwise unable to do so. In such event, I agree to assume full responsibility for all expenses, medical or otherwise, that may arise therefrom. I understand that my insurance company or I will pay for such emergency treatment. I hereby certify that I am the parent, guardian, or legal custodian of the minor child(ren) whose names, addresses and ages appear below. By signing this Acknowledgment, Waiver and Release of Liability, I acknowledge and represent that I have read and understand its contents and disclosures, and that I agree to all terms and conditions stated herein. I grant to Hurricane City Recreation, the right to take photographs of me and my family in connection with the above-identified event. I authorize Hurricane City Recreation, its assigns, and transferees to copyright, use and publish the same in print and/or electronically. I agree that Hurricane City Recreation may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.