

Chehalem Park & Recreation District Adult Sports Roster



Preferred Classification: Competitive Recreational (team placement made at league discretion)

Division: Men's Co-ed

Sport: Softball Basketball Volleyball Other

Team Name: _____ **Coach Name:** _____

Phone: _____ **Coach Email Address:** _____ **Date:** _____

PLEASE READ THE FOLLOWING WAIVER AND COMPLETE ALL INFORMATION LISTED BELOW:

By registering for the above activities, I the participant or the parent/guardian of the above-named participant understand the possibility of injuries resulting from the activities indicated above or other activities sponsored by the Chehalem Park and Recreation District (District). I hereby acknowledge and accept all risks and hazards incidental to participation in such activities. I hereby release, absolve, indemnify and hold harmless the district and its directors, employees and agents from any injury, whether to person or property, of the participant resulting from such activities, in case of personal injury to such participant, I hereby waive any and all claims against the District, its directors, employees and agents. I hereby release from liability and waive any and all claims against any person who, on behalf of District, is involved in the transportation of participant in connection with District activities. I hereby consent to emergency medical treatment of participant to assure prompt treatment and prevention of undue delay, and I understand that such treatment may be provided by either a licensed physician or trained emergency care technician. I agree that the District may use, reproduce, disclose and distribute participant's name and/or likeness for District marketing purposes. I acknowledge that I have read, fully understand and accept the above provisions and I recognize that the District is relying on such acceptance in permitting participant to engage in District activities. I am at least 16 years of age. Having read the above, I agree to sign below.

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