



Name of Team: _____

TEAM CAPTAIN: _____

Participants: Each team and every participant in a Parker Recreation Department activity, class or sport (the "activity") must complete the Waiver of Liability and Release Form. Please complete the following form and include it with your class/activity registration form.

Team and Individual Waiver of Liability and Release Form

The undersigned participants recognize and acknowledge that activities with the Parker Recreation Department involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result from participant action, inaction, the negligence of others, the rules of play, or the condition of the premises or any equipment used thereon. Further, I understand that there may be other risks not known or reasonably foreseeable at this time and that such risks shall be assumed by the undersigned.

I authorize the employees of the Town of Parker and the instructor or coach of my team/activity to call for emergency rescue service for me should it be necessary in the case of injury or suspected injury, or, during the times that I am participating in a sport, class, league, clinic, activity or tournament being played through the Parker Recreation Department.

I authorize the attending physician at the hospital to administer necessary emergency medical care to me upon my arrival at the hospital. I will accept responsibility for the payment of any and all treatment provided therein, including emergency rescue services.

I further understand the following:

- (1) that I am legally responsible for my actions, including, but not limited to, any damage to private or public property and/or personal injury or death that I cause;
- (2) that I am legally responsible for my own welfare and actions, including personal needs and medical expenses.

Finally, I agree to indemnify and hold the Town of Parker, its officers, employees, agents, consultants and representatives, harmless from any loss, damage or injury, which may result from my participation in any activity sponsored by the Town of Parker Recreation Department. This release of liability and indemnity applies equally to losses, damages or injuries caused or alleged to be caused in whole or in part by the negligence of the Town. I further agree to release, waive and discharge, and covenant not to sue the Town, its officers, employees, agents, consultants and representatives, for any claims, demands or actions whatsoever arising out of any damage, loss or injury incurred on or to me as a result of my participation in any activity sponsored by the Town of Parker Recreation Department. This release of liability and indemnity applies to me, the undersigned, as well as any of my personal representatives, assigns, heirs and next of kin.

I have read and fully understand the effect of the relinquishment of the rights that I hereby waive.

1. _____

Participant Name	DOB	Signature of Participant	Date
Participant Email Address		Telephone Number	

2. _____

Participant Name	DOB	Signature of Participant	Date
Participant Email Address		Telephone Number	



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Participant Name	DOB	Signature of Participant	Date
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Participant Email Address	Telephone Number
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Participant Email Address	Telephone Number
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Participant Email Address	Telephone Number
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10. _____
Participant Name DOB Signature of Participant Date

Participant Email Address Telephone Number

11. _____
Participant Name DOB Signature of Participant Date

Participant Email Address Telephone Number

12. _____
Participant Name DOB Signature of Participant Date

Participant Email Address Telephone Number

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Participant Name DOB Signature of Participant Date

Participant Email Address Telephone Number

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Participant Name DOB Signature of Participant Date

Participant Email Address Telephone Number

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Participant Name DOB Signature of Participant Date

Participant Email Address Telephone Number

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Participant Name DOB Signature of Participant Date

Participant Email Address Telephone Number



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Participant Name	DOB	Signature of Participant	Date
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Participant Email Address	Telephone Number
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Participant Email Address	Telephone Number
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Participant Name	DOB	Signature of Participant	Date
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Participant Email Address	Telephone Number
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