## PARKS, RECREATION Individual Consent & Release Form / Team Sports

eague Night: Team Name:								
PLAYER INFORMAT	ION (REQUIR	<u>ED)</u> :						
Player's Name:				Bi	rth Date:	!		
Mailing Address:								
City:	State:	Zip:	Email Add	ress: _				
Cell Ph	_/Provider:	H	ome Ph:	e Ph: Work Ph:				
Oo you want to receive	text message we	eather and so	chedule alerts?		Yes		No	
PARENTAL INFORM	MATION (Com	plete only if	participant is u	nder th	ne age of	f 18):		
Mother's Name: Mother's Phone:								
Father's Name:	ther's Name: Father's Phone:							
hat neither the Town of Wor employees shall be held trising from personal injurprogram for which I am nofficers, agents, volunteers or other loss as aforesaid.	responsible nor s y, property damag ow registering, ar , assistants, or em	subjected to an ge, loss of any ad hereby agre ployees harmle	y claim seeking to other sort as a rese to indemnify an	o assess ult of a ad hold	damages ctual or p the Tow	s or est propose n of W	ablish liability for or ad participation in the lindsor, Colorado, its	
PERMISSION TO USE F On behalf of my self and an permission to the Town of and Recreation Department pereon, I acknowledge that treely and voluntarily signs	ny other person up Windsor Parks and to release I have read and u	oon whose behad Recreation photographs to the stand this	Department to use o media outlets f Liability Waiver a	photog or publ	raphs of icity pur	the Topposes.	wn of Windsor Parks Upon my signature	
HAVE READ THIS I UNDERSTAND ITS TE SIGNING IT, AND SIGN	RMS, UNDERS	STAND THA	T I HAVE GIV	VEN U	P SUBS	STANT	TIAL RIGHTS BY	
Player's Signature					Date	Signe	d	

Date Signed

Parent or Guardian Signature (if under the age of 18 at the time or registration)