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Team Name:

El Dorado Hills Community Services District Recreation Department 1021 Harvard Way, El Dorado Hills, CA 95762

PARTICIPATING ADULT SPORTS PLAYER EMERGENCY RELEASE AND CONTRACT

Team Manager:

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Mc	ailing Address:				
League:		Season:		Night:	
I ag Cc Hill pa the fro ne For by	gree to adhere to the rules and induct. This constitutes our applies Community Services District. Writicipants, including injury from be District has no medical coverage in liability for, and agrees that the gligence of the District. Tany medical emergency that so a duly licensed physician as the edical care or treatment.	regulations of the El Dor cation and consent to p e understand and ackn bodily contact with othe ge for injuries resulting fr he District will not be held hould arise, we authoriz	participate in the Sports recommended that the recreation participants and/or other om such recreational active diresponsible for any such the end consent to such emission and consent to suc	creational program sponso onal program may involve r risks inherent in the activit rity. The undersigned furthe accidental injuries, not invo- ergency medical care and	red by the El Dorado risk of injury to y. We are aware that er releases the District olving the fault or d treatment prescribed
	Player Name (Please Print)	Phone Number	Email Address	Signature	Date
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PARTICIPATING ADULT SPORTS PLAYER EMERGENCY RELEASE AND CONTRACT

eam Name:	Team Manage	er:

PLEASE READ CAREFULLY AND SIGN

I agree to adhere to the rules and regulations of the El Dorado Hills Recreation Division Adult Sports Activities and the Player Code of Conduct. This constitutes our application and consent to participate in the Sports recreational program sponsored by the El Dorado Hills Community Services District. We understand and acknowledge that the recreational program may involve risk of injury to participants, including injury from bodily contact with other participants and/or other risks inherent in the activity. We are aware that the District has no medical coverage for injuries resulting from such recreational activity. The undersigned further releases the District from liability for, and agrees that the District will not be held responsible for any such accidental injuries, not involving the fault or negligence of the District.

For any medical emergency that should arise, we authorize and consent to such emergency medical care and treatment prescribed by a duly licensed physician as the physician deems advisable, and the undersigned will be responsible for the costs of any such medical care or treatment.

	Player Name (Please Print)	Phone Number	Email Address	Signature	Date
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