



PARTICIPATING ADULT SPORTS PLAYER EMERGENCY RELEASE AND CONTRACT

Team Name:

Team Manager:

Mailing Address:

League:

Season:

Night:

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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