



ADULT SPORTS PROGRAM LIABILITY RELEASE FOR MINORS

Waiver and release of all claims for personal injury and property damage

WHEREAS, I _____ (not being) over the age of eighteen (18) years, but over the age of sixteen (16) and not being employed by the City of Santa Fe Springs have requested to participate in the following program offered through the Department of Community Services:

Sport (check one): Adult Softball Adult Volleyball Adult Dodgeball

Player Name: _____

Address: _____

Team Name: _____ Phone Number: _____

WHEREAS, I am aware that I may be subjected to risk of bodily harm or damage to my person or property by participating in said program.

NOW, THEREFORE, in consideration of the permission granted for me to participate in said program, I do hereby agree that the City of Santa Fe Springs, its sureties, all members of said Community Services Department, and its sureties, and all agents and employees of said City, and each of them, shall not be responsible or liable for any loss, damage, injury, or loss either to me or my property incurred while participating in said program, whether or not said injuries on the part of any member of said department.

I do further save and keep the City of Santa Fe Springs, its sureties, all members of said Department and sureties, and all agents and employees of said City, and each of them free and indemnified and harmless from any loss, damage, liability, and expense incurred or claimed by anyone by reason of damage or injury to me or my property from any of the aforesaid acts.

Player Signature: _____ Date: _____

TO BE EXECUTED BY PARENT OR GUARDIAN IF THE ABOVE SIGNATURE IS A MINOR

I certify that I am the parent (guardian) of the above signator. I hereby join and accept all provisions of the foregoing Waiver and Release, and agree that all provisions thereof shall be binding upon the parents and/or guardian of said minor, including, but not by way of limitation any damages which may be suffered by said parents and/or guardians as a result of injury or death of said minor.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Print Name: _____

Address: _____ Phone Number: _____

Witness Signature: _____ Witness Print Name: _____

Team Manager Signature: _____