



Thompson Rivers Parks and Recreation District

320 Centennial Dr. Milliken, CO 80543

Team name: _____

Coaches name: _____ **Home Phone:** _____

Address: _____ **Cell Phone:** _____

Email: _____

I hereby agree and acknowledge that the activity for which I have completed this registration form involves some risk which cannot fully be anticipated and protected against by the Thompson Rivers Parks and Recreation District and its staff and assistants. I further understand and agree that while the District maintains substantial liability insurance coverage, there is no guarantee of coverage for every incident and injury. The TRPR insurance exists to protect against accidental injury and/or damage which may be sustained by myself or my child while engaged in this activity, I assume the risk here involved and hereby hold harmless and release from all liability for negligence of any measure resulting in injury and damage the TRPR district, its directors and assistants.

Name

Signature

Date

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Milliken Athletic Complex
320 Centennial Dr.
Milliken, CO 80543