

## Farmington Recreation Biddy Ball

## Farmington Community Center 88 Fremont Street, Farmington

Players Name				
Grade	Sex	M	F	Shirt Size
Address				
Guardians Name _				
Phone Number			Email _	
said Activity and being given the right to part include Releasor's parents or guardian if Relearising out of my participation in the Activity affiliates, managers, members, agents, attorn my participation in the aforementioned Activ OF THE RISKS ASSOCIATED WITH PARTI DISFIGUREMENT, TEMPORARY OR PERM MY OWN OR OTHERS; NEGLIGENCE, COIBOTH KNOWN AND UNKNOWN TO ME, Cor liability, damages, compensation or other failures to act of any party or entity conductinculuding but not limited to, first aid, CPR, the for any costs incurred as a result of such trea limits and may carry with it the potential for Community Center/City of Farmington official UNDERSTAND THAT IT IS A RELEASE OUNDERSTAND THAT IT IS A RELEASE OWNERSTAND THAT IT IS A RELEASE STAFF VOLUNTARILY GIVE UP OR WAIVE ANY I PROPERTY DAMAGE. To the extent that sate employees, and volunteers. I agree that this Fagreements. In the event that any damage to with any such actions of neglect or recklessne SUBSEQUENT EVENTS OF PARTICIPATICE.	icipate in same: I HERE assor is under 18 years of and I HEREBY Releas eys, staff, volunteers, hei ity, 1 AM VOLUNTARII ity, 1 AM VOLUNTARII ity, 1 AM VOLUNTARII ity 1 AM YEARTICIPATION wise brought by me or a ng a specific event or actie ue use of AED's, emerger tment. I am aware and ut death, serious injury, ar al or agent, regarding my r LIABILITY. I EXPREE Y, VOLUNTEERS, HEIE RIGHT THAT I OTHER tutte or case law does no telease shall be governee equipment or facilities o ss. THIS WAIVER AND DN.  IVER, I agre	BY, for myself, my he fage), knowingly and e and forever dischargers, representatives, pr JY PARTICIPATING I TIVITY, WHICH MA INCLUDING PARAL TO TRAVEL TO AND VIN THIS ACTIVITY, upone on my behalf, in ivity on behalf of Relea to my medical transport, understand that I should property loss. I agrey approval to participa SILY AGREE TO REL SE, REPRESENTATIV WISEHAVE TO BRIN the prohibit releases for d for all purposes by Ill secure as a result of m RELEASE OF LIABI	urs, executors, administrators, voluntarily enter into the WAI to The Farmington Communit edecessors, successors, and as NTHE AFOREMENTIONED Y INCLUDE, BUT ARE NOT YSIS), ECONOMIC OR EMOUTH FROM THE ACTIVITY, OR F I FURTHER AGREE to inder cluding attorney's fees and as uses. In the event that I should and sharing of medical informuld carry my own health insure not to participate in the Act to inthe Activity. I HEREBY LEASE AND DISCHARGE FA ES, PREDECESSORS, SUCC G A LEGAL ACTION AGAIN ordinary negligence, this releasing to my agent's LITY SHALL REMAIN IN EF	COMMUNITY CENTER (hereinafter the "Activity"); and IN CONSIDERATION OF my desire to participate in a, assigns, or personal representatives (hereinafter collectively, "Releasor" "To "me", which terms shall also IVER AND RELEASE OF LIABILITY and hereby waive any and all rights, claims or causes of action of any kind by Center and The City of Farmington, located at 88 Fremont and 322 East Fort, Farmington, IL 61531, their ssigns (collectively "Releasees"), from any physical or psychological injury that I may suffer as a direct result of D ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE 'LIMITED TO: PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLENSS, TIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM FROM CONDITIONS AT THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, mnify, defend and hold harmless the Releases against any and all claims, suits or actions of any kind whatsoever my related costs. I FURTHER ACKNOWLEDGE that Releases are not responsible for errors, omissions, acts or drequire medical care or treatment, I authorize staff to provide all emergency medical care doesned necessary, mation with medical personnel. I further agree to assume all costs involved and agree to be financially responsible rance. I FURTHER ACKNOWLEDGE that this Activity may involve a test of a person's physical and mental tivity unless I am medically able and properly trained, and I agree to abide by the decision of the Farmington ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY REMINISTION COMMUNITY CENTER/CITY OF FARMINGTON NO MAD ALL OF ITS AFFILIATES, MANAGERS, DESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO SYST FARMINGTON COMMUNITY CENTER/CITY OF FARMINGTON FOR PERSONAL INJURY OR ase is also for such negligence on the part of Farmington Community Center/City of Farmington, its agents, my conflict of law principles. This Release supersedes any and all previous oral or written pro
Signature				Date

Please complete this form completely and return to farmingtoncommunitycenter@cityoffarmingtonil.com