

CLARENDON HILLS PARK DISTRICT
MEN'S 16" SOFTBALL ROSTER
2019



TEAM NAME _____

CAPTAIN NAME _____ EMAIL _____

HOME PHONE _____ CELL PHONE _____

MAILING ADDRESS/CITY/ZIP _____

IMPORTANT INFORMATION

The Clarendon Hills Park District is committed to conducting its recreation programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in recreation programs must recognize however, that there is inherent risk of injury when choosing to participate in recreation activities. The Clarendon Hills Park District continually strives to reduce such risks and insists that all participants follow safety rules and instruction which have been designed to protect the participant's safety. Please recognize that the Clarendon Hills Park District does not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering himself or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Clarendon Hills Park District automatically responsible for the payment of any medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the district requires the execution of the following **Waiver and Release**. Your cooperation is greatly appreciated.

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in signing and participating in the program you will be waiving and releasing all claims for injuries you might sustain arising out of this program.

PROGRAM: Adult 16" Softball League PROGRAM DATES: Summer 2019

As a participant in the program I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries (including death)*, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program.

I agree to waive and relinquish all claims I may have as a result in participating in the program against the District and its officers, agents, servants and employees.

I do hereby fully release and discharge the district and its officers, agents, servants and employees.

I do hereby fully release and discharge the district and its officers, agents, servants and employees for any and all claims from injuries, (including death), damage or loss which I may have, or which may occur to me on account of participation in the program.

I further agree to indemnify and hold harmless and defend the District and its officers, agents, servants and employees from any and all claims resulting from injuries (including death)*, damages and losses sustained by me or arising out of, connected with, or in any way associated with the activities of the program.

In the event of an emergency, I authorize District officials to secure from any licensed hospital, physicians and/or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment and any and all medical services.

I have read and fully understand the above Program Details, Waiver & Release of All Claims and Permission to Secure Treatment.

PLEASE PRINT - ALL PLAYERS MUST SIGN ROSTER

| | PLAYER'S NAME | ADDRESS | PHONE | SIGNATURE OF PLAYER |
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