



Community Services Department

2001 East Street • Woodland, CA, 95776 • Phone: (530) 661-2000 • www.cityofwoodland.org

Adult Sports Add Form

Please complete ONE form per person per team

ADULT SPORTS

Participants will be running, jumping, throwing, batting, catching and bending at the waist. Possible injuries include, but are not limited to, sprained ankles, knee injuries, back strain, bruises, abrasions and broken bones.

AGREEMENT, WAIVER, AND GENERAL RELEASE

In consideration for being permitted by the above department to participate in the above activity, I hereby waive, release and discharge any and all claims for damages which I may have or which may hereafter accrue as a result of participation in said activity. This release is intended to discharge in advance the above department (its officers, employees or agents) from and against any and all liability arising out of negligence or carelessness on the part of said department (or its officers, employees or agents).

I understand that the above activity may be of a hazardous nature and/or include physical and/or strenuous exercise or activity; that serious accidents occasionally occur during the above activity; and that participants in the activity occasionally sustain mortal or personal injuries and/or property damages as a consequence thereof. Knowing the risks involved, nevertheless, I have voluntarily applied to participate in said activity and I hereby agree to assume any and all risks of injury or death and to release and hold harmless the above department (its officers, employees and agents) who through negligence, carelessness or any other act or omission might otherwise be liable to me. I further understand and agree that this waiver, release and assumption of risks is to be binding on my heirs and assigns.

I further agree to indemnify and to hold the above department (its officers, employees and agents) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE ABOVE DEPARTMENT, AND I SIGN IT OF MY OWN FREE WILL.

Player's Name	Team Name	Night of Play	Division
[Empty box]			
[Empty box]			
Address		City	Zip
[Empty box]		[Empty box]	[Empty box]
Phone Number	Email Address	D.O.B.	
[Empty box]		[Empty box]	
Player's Signature		Date	
.....		
Staff Initial	Amount Paid	Date	

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