



PARTICIPANT INFORMATION:

TEAM: _____

NAME: _____

ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

CONTACT PHONE #'S:

EMERGENCY CONTACT: (Name and phone number)

If you/your child has any health or medical needs that you think our staff should be aware of in order to provide you/your child with a safe experience in this activity, please contact Murfreesboro Parks and Recreation at 890-5333.

WAIVER AND RELEASE OF LIABILITY & PERMISSION FOR MINORS – PLEASE READ CAREFULLY

In consideration for permission to participate in this sport or activity and any related transportation I agree as follows:

1. I have considered and evaluated the risks, dangers and possibility of injury resulting from participation in and related transportation to the sport or activity in which I, or my child or ward is participating.
2. I know and understand foreseeable and unforeseeable injuries could occur from actions of myself, my child or ward, other participants, the City, its employees or volunteers, contractors with the City and other persons involved in the activity or not.
3. ***I deliberately and knowingly assume all costs, risks of injury and/or other damages for myself and/or my child or ward, including but not limited to cost of medical treatment, permanent injury or death, and property damages resulting from this sport or activity. I waive, release and hold harmless the City, its employees, volunteers, and agents from all legal and financial responsibility and from all cost, injuries and/or other damages for myself and/or my child or ward (including but not limited to, cost of medical treatment, permanent injury or death, and property damage) from this sport or activity.***
4. If I am not present, or if present, not able to make decisions, I authorize the City, its employees, volunteers and/or contractors to obtain or provide any first aid or other medical treatment which they deem necessary for me or my child and/or ward at my expense and this is subject to the waiver, release, assumption of costs, risks, and hold harmless agreement, etc. set forth in paragraph 3.
5. I give my permission for any photos or video footage of myself and/or my child or ward taken during the course of this sport or activity to be used for educational, promotional, or any other purpose.
6. I represent that I am the parent/legal guardian of the child I am registering and I give permission on behalf of myself and any other parent/legal guardian for this child to participate in the sport or activity. I agree that in the event of any lawsuits arising from this agreement of this sport or activity, jurisdiction in venue must be in the courts for Rutherford County, Tennessee.

Participant Signature: _____ **Date:** _____

Print Name: _____

Revised 07/29/09



Requests for ADA accommodation should be directed to Murfreesboro Parks & Recreation at (615) 890-5333.