ISSAQUAH PARKS & RECREATION DEPARTMENT SLOWPITCH LEAGUE PLAYER ADDITION FORM

PLEASE COMPLETE THE FOLLOWING FORM AND EMAIL TO CJ STANFORD at: CJS@issaquahwa.gov or FAX: 425-837-3309

Team Name: _____ **Division:** _____

Manager's Name: _____ **Home Phone:** _____

PLEASE READ BEFORE SIGNING:

PARTICIPANT RELEASE OF LIABILITY – I am fully aware of the special dangers and risks inherent in the activities and classes that I have signed up for through the City of Issaquah's Parks & Recreation programs for myself and/or my child(ren), including physical injury, loss, death, damage, or other consequences that may arise or result directly from the activity or class in which I and/or my child(ren) may participate. Being fully aware as to these inherent risks and in consideration of the privilege of participating in general use of the Community Center or other sites utilized by Parks & Recreation programs and classes I and/or my child(ren) may attend, I hereby assume all risk of liability for injury, loss, damage, or other consequences. I also forever discharge and waive any right of recovery from, or to bring suit against, the City of Issaquah and their responsive officers, officials, employees and volunteers, holding them harmless from any and all claims for any personal injury, loss, death, damage, or other consequences to myself and/or my child(ren) arising out of my and/or my child(ren)'s voluntary participation in an activity or class through the City of Issaquah's Parks & Recreation programs, except for injuries and damages caused by the sole negligence of the City of Issaquah. PHOTO/VIDEO RELEASE: I, the undersigned participant and/or parent or guardian of the minor participants, give my permission to have photos/video tapes taken, with recompense, during City of Issaquah activities and used for publicity purposes.

ALL PARTICIPANTS MUST READ AND SIGN THIS PARTICIPANT RELEASE OF LIABILITY

PLAYER NAME	PHONE NUMBER	D.O.B.	SIGNATURE
1.			

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