ISSAQUAH PARKS & RECREATION DEPARTMENT SLOWPITCH LEAGUES
PARTICIPANT RELEASE OF LIABILITY & ROSTER - 2016

PLEASE COMPLETE THE FOLLOWING FORM AND MAIL OR FAX TO
ISSAQUAH PARKS & RECREATION
c/o CJ STANFORD – P.O. Box 1307, Issaquah, WA 98027
Fax: 425-837-3309

Team Name: _____ Division: _____
Manager's Name: _____ Home Phone: _____
Address: _____ Cell Phone: _____
City: _____ State: _____ Zip: _____ Email: _____

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

	Name	Phone Number	DOB	Signature
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