

Assumption of Risk, Release of Liability and Consent to Participate

Adult Summer Softball League 2019

Participant First Name _____ Last _____ Age ____ M__ F__ Birthday _____

Mailing Address _____ City _____ Zip _____

Home Phone _____ Alternate Phone _____ E-mail _____

Emergency Contact _____ Phone _____

Team Name _____

Coaches Name _____

Allergies/Special Needs _____ If yes, what _____

Please read carefully ~ Assumption of Risk, Release of Liability and Consent to Participate~ Please read carefully ~

1. All participants are advised that Jefferson County Parks and Recreation Programs (JCPR) may involve some strenuous physical activity. Some (such as sports, games, drills, climbing, hiking, swimming, or running), present a risk of injury higher than that which people normally face in their everyday lives. This risk of injury cannot be wholly relieved by any preventive measures, whether restrictive rules, training, equipment or personal discipline. The decision whether to engage in any particular activity that forms part of the overall program shall be entirely the participant's. Participation in the program in no way obligates anyone to engage in any activity they do not feel they can accomplish.
2. On behalf of my minor child, (or on my own behalf, if an Adult Participant), I expressly acknowledge my full understanding of the risks of injury, including serious injury, disability or death that arise from participation in the JCPR Program. I acknowledge that I have had full opportunity to discuss the nature and extent of these risks with officials of the JCPR in order to inform myself fully on this subject. Based on that full understanding, I freely and knowingly assume all such risks, whether specifically known and unknown. I accordingly assume full and sole responsibility for my (or my minor child's) participation in the JCPR Program. I understand that I must report any existing medical, physical or mental condition which may affect my ability, or the ability of my minor child, to participate in JCPR Program, to the group leader before the program commences.
3. On behalf of myself and on behalf of my minor child (to the extent allowed by law), I hereby release and forever discharge JCPR, and all of the employees, officers, volunteers or agents of those entities, including as well any third party sponsors of JCPR but not limited to damage to property, personal injury, disability or death, resulting from my or my minor child's involvement in any aspect of the JCPR Program. This release applies whether the alleged injuries or damages arise from the negligence of any of the parties released in the previous sentence on not, to the fullest extent allowed by law.
4. To the fullest extent allowed by law, I, for myself and/or my minor child, and for any of our respective heirs, assigns, personal representatives and next of kin, hereby agree to indemnify and hold harmless all the parties released in Article 3 hereof from and against any and all liabilities arising from my participation in the JCPR Program. This undertaking to provide indemnity shall apply to the fullest extent allowed by law, even if the liability asserted against any of the indemnified parties arises wholly or partially from that party's negligence.
5. On behalf of myself and on behalf of my minor child, we have read and understand the **Concussion Information Sheet** which is available on the Jefferson County Parks and Rec website (www.countyrec.com) or available at the Rec Center 620 Tyler Street or the Public Works Office 623 Sheridan Street in Port Townsend.

(Fill in the Blanks Below)

I HAVE READ THIS ASSUMPTION OF RISK, RELEASE OF LIABILITY AND CONSENT. I FULLY UNDERSTAND ITS TERMS AND THAT BY MY SIGNATURE I GIVE UP CERTAIN RIGHTS I MIGHT OTHERWISE HAVE UNDER LAW. I hereby consent to the terms as set forth in this Assumption of Risk, Release of Liability and Consent Agreement. The JCPR Program for which this consent is given is called **Adult Summer Softball League 2019.**

X _____
Signature of Participant (18 Years & Older) Date

PHOTOGRAPH – VIDEO CONSENT

I hereby grant permission for myself or my child to be photographed or videotaped, without compensation, by JCPR, understanding that the same is intended for publication by print media, INTERNET newspaper, television, video or motion picture. I additionally consent to the use of my name in connection with the publication of photographs/video taken of me.

X _____
Signature of Participant (18 Years and Older) Date