



ADULT INDOOR SOCCER

Mondays 7pm-10pm

At the Rec Center (620 Tyler Street, PT)
~ No Experience Necessary ~ ALL levels WELCOME ~
Small fee at the door
Questions?
Please contact Sarah 603-313-9182 or email saefelder@gmail.com



Participants First Name _____ Last _____

Age _____ M ___ F ___ Birthdate ____/____/____

Street Address _____ City _____ Zip _____

Home Phone _____ Alternate Phone _____

Email _____

Emergency Contact—Name _____ Phone _____

Allergies/Conditions? _____ Please describe _____

Jefferson County Parks and Rec.
Rec Center
Mailing: 623 Sheridan Street
Rec Center: 620 Tyler Street
Port Townsend, WA 98368
360-385-2221
www.countyrec.com
Email: cmacklin@countyrec.com

*Join us for some exercise and laughter!
Beginning January 4, 2010*

JEFFERSON COUNTY PARKS AND RECREATION (JCPR) ASSUMPTION OF RISK, RELEASE OF LIABILITY AND CONSENT

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 or 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 4 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.

(Fill in the Name)

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 allow _____ *(Child's Name)* to participate in the JCPR Program under 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 Indoor Soccer 2009/10**.

Signature of Parent or Guardian

Date

Signature of Participant (18 Years & Older)

Date

PHOTOGRAPH – VIDEO CONSENT

*I hereby grant permission for myself or _____ *(Child's Name)* 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.*

Signature of Parent or Guardian

Date

Signature of Participant (18 Years and Older)

Date

The Port Townsend, Chimacum, Quilcene, and Brinnon School Districts do not sponsor this program and assume no liability for it. In consideration of the privilege to distribute materials, the aforementioned Districts shall be held harmless from any cause of action filed in any court arising out of the distribution of these materials.