



## Wheeling Park District Adult Athletic League Team Roster Form

LEAGUE: _____		CODE: _____	
TEAM NAME: _____			
TEAM CAPTAIN NAME: _____			
E-MAIL ADDRESS: _____			
ADDRESS: _____		CITY: _____	ZIP: _____
HOME PHONE: _____		ALT. PHONE: _____	
TEAM SPONSOR'S NAME: _____			
TEAM SPONSOR PAYS FOR:    ___ 100% FEE            ___ 50% FEE            ___ OTHER			
ASST. CAPTAIN NAME: _____			
HOME PHONE: _____		ALT. PHONE: _____	

Please read the statements on the reverse carefully before signing below. **PARTICIPATION WILL BE DENIED** if the signature of adult participant and date are not on this waiver.

PRINTED NAME	SIGNATURE	PHONE	ADDRESS	TOWN
Cap _____	_____	_____	_____	_____
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____
16. _____	_____	_____	_____	_____
17. _____	_____	_____	_____	_____
18. _____	_____	_____	_____	_____
19. _____	_____	_____	_____	_____
20. _____	_____	_____	_____	_____

**OVER FOR WAIVER & RELEASE**

# WHEELING PARK DISTRICT WAIVER AND RELEASE OF ALL CLAIMS

## IMPORTANT INFORMATION

The Wheeling Park District is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The Wheeling Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect participants' safety. However, participants and parents/guardians of minors registering for the listed programs/activities must recognize that there is an inherent risk of injury when choosing to participate in recreational activities/programs.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way, or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

### Warning of risk

Recreational activities/programs are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for the Wheeling Park District to guarantee absolute safety.

### Waiver and release of all claims and assumption of risk

Please read this form carefully and be aware that in signing up and participating in the identified programs/activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs/activities (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in these programs/activities, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs/activities against the Wheeling Park District including its officials, agents, volunteers and employees (hereinafter collectively referred to as Wheeling Park District).

I do hereby fully release and forever discharge the Wheeling Park District from any and all claims for injuries, damages, or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with these programs/activities.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver, and release of all claims. If registering on-line or via fax, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

<b>Method of Payment:</b>	<b>Cash</b>	<b>Check</b>	<b>MasterCard</b>	<b>Visa</b>	<b>Discover</b>
Receipt # _____	Credit Card # _____	Expiration Date ____/____			

Signature: _____
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