City of Whittier

Community Services Department
7630 Washington Avenue, Whittier, CA 90602
(562) 567-9430 Fax (562) 567-2877

Adult Softball

WHEREAS, I _____, NOT BEING OVER THE AGE OF EIGHTEEN YEARS, BUT OVER THE AGE OF SIXTEEN HAVE REQUESTED TO PARTICIPATE IN THE FOLLOWING PROGRAM OFFERED THROUGH THE COMMUNITY SERVICES DEPARTMENT.

Players Name: _____DOB_____

Address: _____

Team Name: _____ Phone Number: _____

CITY OF WHITTIER RELEASE FROM LIABILITY AND INDEMNIFICATION

I hereby agree to indemnify, defend and hold harmless the City of Whittier, its officers, and employees, agents and volunteers, from and against any and all claims, damages, liability, expenses, and judgments, including attorneys fees in any way arising from my (or my child's) participation in the program for which I am registering him/her. I understand and am familiar with the nature of the event or activity and recognize that this event or activity can be dangerous to me (or my child) and accept those dangers. In case of emergency, I give my permission for emergency medical treatment. I also give my permission to the City of Whittier to photograph me or my child in this event or activity for advertising purposes for the City of Whittier and acknowledge I will not receive any compensation for such use. My signature acknowledges that I understand and agree to the above conditions.

Players Signature: _____ Date: _____

TO BE EXECUTED BY PARENT OR GUARDIAN IF THE ABOVE SIGNATURE IS A MINOR

I certify that I am the parent (Guardian) of the above signature. I hereby join and accept all provisions of the foregoing CITY OF WHITTIER RELEASE FROM LIABILITY AND INDEMNIFICATION, and agree that all provisions thereof shall be binding upon the parents and/or guardian of said minor, including, but not by way of limitation any damages which may be suffered by said parents and/or guardian as a result of injury to or death of said minor.

Date: _____ Parent/Guardian Signature: _____

Witness: _____ Address: _____

_____

Phone: _____

Managers Signature: _____

Approved by: _____

Date: _____ Time: _____