

Parks and Recreation Team Roster

(Please Print in Blue or Black Ink)

Team Name: _____

Manager: _____

RELEASE & WAIVER OF LIABILITY

With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the Versailles-Woodford County Parks and Recreation Department does not carry accident, sickness, or medical insurance for participants during participation or during transportation to or from activities. I understand that all reasonable efforts will be extended to ensure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive release, absolve, indemnify and agree to save and hold harmless the Versailles-Woodford County Parks and Recreation Department, it's board members, employees, and all individuals responsible for the conduct of activity involving this candidate for claims that I may now or ever have against any of said individuals or department, including, but not limited to, claims of personal injury, hospitalization, etc. I agree to conduct myself in a manner that does not violate the Department's Physical and Verbal Altercation Policy and I understand that failure to do so may result in my suspension or expulsion from participation in this or future programs. I give permission for the Parks and Recreation Department or local media to photograph or videotape me during participation in this program and to utilize said photos for advertising and/or promotion both in print and on the web.

By signing below, I agree that I have read and clearly understand the above statements. I realize this is a contract between myself and the Versailles-Woodford Co. Parks and Recreation Department and is a release of Liability. If participant is under age 18, a parent or guardian must sign. Individuals must be 16 years old or older to participate.

#1 Name: _____
DOB: _____ Age: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Signature: _____

#9 Name: _____
DOB: _____ Age: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Signature: _____

#2 Name: _____
DOB: _____ Age: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Signature: _____

#10 Name: _____
DOB: _____ Age: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Signature: _____

#3 Name: _____
DOB: _____ Age: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Signature: _____

#11 Name: _____
DOB: _____ Age: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Signature: _____

#4 Name: _____
DOB: _____ Age: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Signature: _____

#12 Name: _____
DOB: _____ Age: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Signature: _____

#5 Name: _____
DOB: _____ Age: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Signature: _____

#13 Name: _____
DOB: _____ Age: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Signature: _____

#6 Name: _____
DOB: _____ Age: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Signature: _____

#14 Name: _____
DOB: _____ Age: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Signature: _____

#7 Name: _____
DOB: _____ Age: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Signature: _____

#15 Name: _____
DOB: _____ Age: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Signature: _____

#8 Name: _____
DOB: _____ Age: _____ Phone: _____
Address: _____
City: _____ State: _____ Zip: _____
Signature: _____

**PLEASE COMPLETE ALL INFORMATION
COMPLETELY AND LEGIBLY!!**