

Morton Park District

349. W. Birchwood – Morton, IL 61550 - (309)263-7429 – FAX: 263-7141

INDOOR SOCCER PLAYER PARTICIPATION FORM

TEAM NAME: _____ *Youth – HS – Adult- Adult Co-ed (Circle one)*

NAME: _____ M OR F AGE: _____ GRADE: _____

ADDRESS: _____ PHONE: _____

EMAIL: _____

Resident / Non-Resident (circle) **Session: (circle) Fall Winter Spring**

RELEASE AND HOLD HARMLESS AGREEMENT

In consideration of your accepting the participant for this program, I hereby for myself, the participant and my heirs, executors and administrators, waive and release any and all rights, claims or causes of action which I or the participant may have against the District fro any loss, damage or injury arising out of any activity sponsored by the district. If the participant is a minor, I do further agree to indemnify and hold harmless the District, its commissioners, officers and employees, from any claim for any loss, damage or injury sustained by the minor, including attorney fees incurred in defense thereof. The participant has no physical disability which would prevent him/her from participating in this program or which would be aggravated by participation in this program. I understand that no medical insurance is provided for program participants and I agree to accept full responsibility in case of an injury.

SIGNATURE: _____ DATE: _____

(If under the age of 18, a parent or guardian MUST sign.)

Morton Park District

349. W. Birchwood – Morton, IL 61550 - (309)263-7429 – FAX: 263-7141

INDOOR SOCCER PLAYER PARTICIPATION FORM

TEAM NAME: _____ *Youth – HS – Adult- Adult Co-ed (Circle one)*

NAME: _____ M OR F AGE: _____ GRADE: _____

ADDRESS: _____ PHONE: _____

EMAIL: _____

Resident / Non-Resident (circle) **Session: (circle) Fall Winter Spring**

RELEASE AND HOLD HARMLESS AGREEMENT

In consideration of your accepting the participant for this program, I hereby for myself, the participant and my heirs, executors and administrators, waive and release any and all rights, claims or causes of action which I or the participant may have against the District fro any loss, damage or injury arising out of any activity sponsored by the district. If the participant is a minor, I do further agree to indemnify and hold harmless the District, its commissioners, officers and employees, from any claim for any loss, damage or injury sustained by the minor, including attorney fees incurred in defense thereof. The participant has no physical disability which would prevent him/her from participating in this program or which would be aggravated by participation in this program. I understand that no medical insurance is provided for program participants and I agree to accept full responsibility in case of an injury.

SIGNATURE: _____ DATE: _____

(If under the age of 18, a parent or guardian MUST sign.)