

Prophetstown Park District
Presents

“ It’s Almost a sport ”

Dodgeball Tournament

Sunday Nov. 27th, 1pm / High School and Up
Costumes are encouraged, No registration fee

Team Name _____

Coach or contact _____ phone _____

By signing the below registration you are in fact agreeing to and have read the waiver and release of all claims. Each team must have at least one girl on their roster.

Player #1

Name _____ Signature(parent if under 18) _____

Age _____

Player #2

Name _____ Signature(parent if under 18) _____

Age _____

Player #3

Name _____ Signature(parent if under 18) _____

Age _____

Player #4

Name _____ Signature(parent if under 18) _____

Age _____

Player #5

Name _____ Signature(parent if under 18) _____

Age _____

Player #6

Name _____ Signature(parent if under 18) _____

Age _____

IMPORTANT INFORMATION

The Prophetstown Park District is committed to conducting its recreation programs and activities in the safest manner possible in the highest possible regard. Participants and parents registering their child in recreation programs must recognize, however, that there is an inherent risk of injury when choosing to participate in recreation activities. The Prophetstown Park District continually strives to reduce risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant’s safety.

WAIVER AND RELEASE OF ALL CLAIMS

Please read this form carefully and be aware in registering yourself or your child/ward for participation in the above program, will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of the above program.

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program and I agree to assume the full risk of any injuries (including death), damages or loss regardless of severity which I or my minor child/ward may sustain as a result of participating in the program against the District and officers, agents, servants, or employees.

I do hereby fully release and discharge the District and its officers, agents, and employees from any and all claims from injuries, damage or loss which I or my minor child/ward 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 the activities of the program.

I further agree to indemnify and hold harmless and amend the District and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program.

In the event of any emergency, I authorize District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child’s/ward’s immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understood the above program details, Waiver and Release of All Claims and permission to secure treatment sections.