

Please Print or Type the following information for 3rd./4th Girls Basketball (Fee \$50.00/\$40.00 2nd child)

Participant's Name _____
Date of Birth _____ Age _____ M/F _____ Shirt Size _____
Parent or Guardian _____ Scholarship (one per family): Yes or No (**need form**)
Physical Address _____ Fee Paid: \$50.00 or \$40.00 for 2nd child (circle one)
Mailing Address _____ Check # _____ Amount _____
Home Phone _____ Work Phone _____
Emergency Contact (other than above) _____ ***EMAIL** _____

NOTE: If using a SCHOLARSHIP (one per family), the \$50.00 fee will apply to your next child. Then \$40.00 if same age group/sport.

PARTICIPANTS WAIVER AND RELEASE OF LIABILITY: Return to Town of DeBeque

I, _____, acknowledge that I have voluntarily applied to participate in _____ De Beque Recreation sponsored programs.

I understand and recognize that there are specific risks of physical or property damages, losses, injuries, or even death that may result in my participation or attendance at the Town of De Beque property, De Beque School District J49 property or any other properties leased or used by the Town of De Beque. I voluntarily assume the risks associated with such participation and attendance. I acknowledge that I am in good health with no physical defects that would prevent me from engaging in these activities. I willingly assume the risk of injury as my sole responsibility. De Beque recreation is NOT responsible for any personal items lost or stolen.

I understand and agree that any bodily injury, death, damage, or loss of personal property and expenses as a result of my negligence or the negligence of the Town are my responsibility. As lawful consideration for being permitted to participate in any De Beque Recreation programs I **release from any legal liability and agree not to sue, claim against the property of, or prosecute, and to indemnify and hold harmless, the Town of DeBeque and all of its officers, agents and employees, coaches, volunteers, and other participants for any and all liability, injury or death caused by or resulting from my voluntary participation in the baseball program whether or not such liability, injury or death was caused by their negligence, my negligence or any other cause.**

In addition, I authorize any medical treatment deemed necessary or appropriate by the instructor, any emergency technician, nurse or physician in case of illness or injury while participating in De Beque Recreation programs. I understand that this permit is to prevent undue delay and assure prompt treatment, Participants involved in De Beque Recreation programs may be photographed and such photographs may be used to publicize city activities.

This Waiver and Release of Liability shall be legally binding upon me, my heirs, my estate, assigns, legal guardians and my personal representatives.

I have carefully read this Release and fully understand its contents. I am aware that I am releasing legal rights that I otherwise may have and I enter into this agreement of my own free will, and with full understanding and awareness of the risks involved. I agree to assume such risks.

THIS IS A RELEASE OF LIABILITY. DO NOT SIGN THE RELEASE IF YOU HAVE NOT READ IT COMPLETELY OR DO NOT UNDERSTAND OR DO NOT AGREE WITH ANY OF ITS TERMS.

I AM THE PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED PARTICIPANT AND I HEREBY CONSENT TO THE ABOVE WAIVER AND RELEASE OF LIABILITY ON BEHALF OF MY CHILD IN ACCORDANCE WITH COLORADO LAW.

Date

Signature of Parent or Guardian