

CITY OF LANSING PARKS AND RECREATION
 WAIVER/RELEASE OF LIABILITY & ROSTER

In consideration of being allowed to participate in the Lansing Parks and Recreation Department's athletic/sports programs, you acknowledge, and agree that:

1. There is a risk of injury from the activities involved in the program, including the potential for permanent paralysis and death.
2. I knowingly and freely assume all such risk, both known and unknown, and I assume full responsibility for my participation in this program.
3. I willingly agree to comply with the stated and customary terms and conditions for participation in this program. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring the hazard to the attention to the nearest official immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE CITY, ITS OFFICIALS, AGENTS, AND/OR EMPLOYEES, FOR ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO ME OR MY PROPERTY, WHETHER ARISING FROM NEGLIGENCE OR OTHER CAUSE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS AND I UNDERSTAND THAT I HAVE GIVEN UP LEGAL RIGHTS BY SIGNING IT AND I SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

TEAM NAME		SPORT	
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					OFFICE USE ONLY		
1)	PARTICIPANT NAME	PLAYER OR PARENT SIGNATURE	ADDRESS, CITY, ZIP	DOB	RES	NON RES	DATE OF RELEASE
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							
11)							
12)							
13)							
14)							
15)							
16)							
17)							
18)							
19)							
20)							

****IF MANAGER IS ALSO A PLAYER PLEASE SIGN ABOVE****

MANAGERS SIGNATURE
ADDRESS, CITY, ZIP
PHONE (HM/WORK OR CELL)