

Douglasville Parks and Recreation Adaptive Baseball

Parent/Guardian Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

E-mail Address: _____

Player Name: _____

Date of Birth

(Age): _____

Gender: _____

Jersey size: _____

Favorite Food & Color:



WAIVER

I/ We, the parent(s)/guardian(s) of the above named participant, do hereby consent to his/her participation in the above Program including all activities incidental to the Program. I/We assume all responsibilities for, and risks and hazards of, participation in the named Program, including transportation as part of the Program. In consideration for the City of Douglasville conducting the above Program, I/we do hereby, for ourselves and for our heirs, executors, administrators, personal representatives and assigns, waive all claims, and remise, release, and forever discharge the City of Douglasville, Georgia, their agents, insurers, elected officials and employees, the Georgia Interlocal Risk Management Agency, and their heirs, executors, administrators, personal representatives, and assigns from any and all claims (known and unknown), demands, damages, costs, expenses, loss of services, actions and causes of action, arising from any act or occurrence, up to the present time and to arise in the future, sustained or to be sustained due to our child's participation in of or presence at the Program and all activities incidental to the Program.

Date: _____ Print Name: _____

Signature: _____