



Fall SOFTBALL League - PLAYERS RELEASE

Fabens Park – Huron, OH

HURON PARKS & RECREATION
MAIL: 417 Main St., Huron, OH 44839
OFFICE LOCATION: 110 Wall St., Huron
PHONE 419-433-8487 • FAX 419-433-0470
EMAIL hprd@cityofhuron.org

TEAM NAME: _____

DIVISION: 10U 12U

COACH: _____ **FORM MUST BE COMPLETED AND RETURNED TO HURON PARKS & REC NO LATER THAN AUG. 6, 2021**

WAIVER FOR PARTICIPATION: I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s) and I agree to assume the full risk of any such injuries, damages or loss regardless of severity, which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s). I waive and relinquish all claims I or my child /ward may have against the City of Huron and its officers, agents, servants and employees as a result of participating in any of the above program(s). I hereby fully release and discharge the City of Huron and its officers, agents, servants and employees, from any and all claims from injuries, damages or loss which I or my child/ward may have or which may accrue to me or my child/ward on account of my participation or the participation of my child/ward in any of the above program(s). I further agree to indemnify and hold harmless and defend the City of Huron and its officers, agents, servants and employees from any and all claims resulting from injuries, damages, losses sustained by me or my child/ward, and arising out, connected with, or in any way associated with the activities of any of the program(s). I have read and fully understand the above program details and waiver and release of claims. I understand and agree with all refund policies set forth by the Parks and Recreation Dept. I also understand that I may forfeit a portion or all of any registration fee according to these policies

I understand that I or my child may be photographed or videotaped while participating in the above program(s). I give permission for photos and videotapes of me or my child to be used to promote the City of Huron and its Parks and Recreation Department and such photos and video will be the property of the City of Huron.

In the event of an emergency requiring medical treatment, I give my permission to the program instructor, coach, and/or league director to obtain medical treatment they feel is necessary and to call the local EMS if necessary. I understand that no medical or accidental insurance will be provided to participants.

(Participant Signature REQUIRED—If under 18, Parent/Guardian Signature REQUIRED)

PRINT CLEARLY:

PLAYER'S NAME	ADDRESS, CITY, ST., ZIP	PHONE #	BIRTHDATE 00/00/00	AGE	PARENT / GUARDIAN SIGNATURE REQUIRED	DATE
1.						
2.						
3.						
4.						
5.						
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7.						
8.						
9.						



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10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						