

Hastings Parks & Recreation Official Team Roster & Waiver

WAVIER AND RELEASE OF ALL CLAIMS AND PERMISSION TO SECURE TREATMENT

I, the undersigned participant, have read the current Park and Recreation Department rules governing this activity and agree to abide by them. In consideration of my being permitted to participate in this activity, **I, for myself, my heirs, administrator, and all family members, do hereby agree to release and hold harmless the City of Hastings Parks and Recreation Department and the City of Hastings employees and agents from any and all liability for any property damage, personal injury or death which may result from my voluntary participation in this activity which has some inherent risk of injury.** This waiver includes any injuries which may result from the condition of the facilities and any improvement thereto. This release does not apply to injuries as a result of willful, wanton or intentional misconduct by the City of Hastings or any person acting on behalf of the City.

This information may or may not be forwarded to the Minnesota Recreation and Park Association. It may also appear on league managers lists. If you choose not to have this information published please contact the Hastings Parks and Recreation Department.

The following information about individuals who are enrolled in a City recreational or social program is classified as private data. The information which you provide to the City on the registration form is used to process your registration request, to determine City staff, facilities and equipment needs, and to assist coaches/supervisors in notifying participants of scheduling changes. You are not legally required to provide the information requested on the registration form. However, if you fail to provide the information you will not be allowed to participate in the activity or program. The information which you provide will be made available to City staff persons in the Park and Recreation Department, program participants, the City's insurer and attorney, and to the coach, supervisor, or instructor of the activity, who may be a volunteer or a City employee.

I have read and fully understand the details of the program(s), and agree to abide this Waiver and Release of All Claims and Permission to Secure Treatment. I understand that my signature below acknowledges the same and is required in order to participate in City programs. **Parental signature is required for participants under the age of 18 years.**

Team Name: _____

	Player Name	Primary Phone	Email Address	Signature
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